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ABSTRACT

This interim evaluation report focuses on process (formative) and outcome (summative) data collected in spring 1975 on the National Home Start Program. Home Start, a federally-funded 3-year (1972-1975) home-based demonstration program for low-income families with 3- to 5-year-old children was designed to enhance a mother's skills in dealing with her own children and to provide comprehensive social-emotional, health and nutritional services. Chapter II presents information on the characteristics of the national program and the individual Home Start projects and describes program costs and services delivered. Chapter III analyzes several issues related to program operations--program duration, support extended after family graduation, national office support, home visitor supervision, nutrition services and projects' future plans. Chapter IV presents data bearing on several questions relating to the home visit process, program costs and program effects. (Author/MS)

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NATIONAL HOME START EVALUATION: INTERIM REPORT VII

TWENTY-MONTH PROGRAM ANALYSIS AND FINDINGS

March 22, 1976

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Early Childhood Research and Evaluation Branch
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I

INTRODUCTION

In 1971 the Office of Child Development initiated the National Home Start Demonstration Program to demonstrate "alternative ways of providing Head Start-type comprehensive services for young children in their homes." The program, which became operational in the spring of 1972 and continued until June 1975, was designed to enhance a mother's skills in dealing with her own children in the home. At the same time, comprehensive social-emotional, health and nutritional objectives were adopted as part of the core program.

This evaluation report focuses on process (formative) and outcome (summative) data collected in spring 1975. Chapter II presents information on the characteristics of the national program and the individual Home Start projects and describes program costs and services delivered. Chapter III analyzes several issues related to program operations--program duration, support extended after family graduation, national office support, home visitor supervision, nutrition services and projects' future plans. Chapter IV presents data bearing on several questions relating to the home visit process, program costs and program effects:

- Do families who participate in Home Start for two years achieve greater progress toward program objectives than families in Home Start for one year?
- How do the effects of two years of Home Start compare with two years of Head Start?
- Is Home Start equally effective for children who enter at age four as at age three?
- What has been the impact of Home Start on project staff?
- What are home visitor expectations for the future of children and families?
- How do the costs of Home Start compare to those of Head Start?
- What effects do variations in services have on program outcomes?

Appendices include information on the methodology, the measures used, the quality of the summative data, psychometric analyses of the summative measures, and a review of research literature on home-based child development programs.

Another product of the evaluation is the Homesbook, a compilation of ideas and experiences distilled from interviews with staff of the 16 Home Start projects. This provides a broad perspective on the intimate details of operating home-based programs.

In the Final Report analyses and findings are summarized along with similar information from the entire three-year evaluation. Also included in the Final Report is an index to guide the interested reader to the wide range of information contained in the series of seven interim reports prepared since the evaluation began in 1972.

Home Start Program Overview

Home Start was a program for disadvantaged preschool children and their families funded by the Office of Child Development, U.S. Department of Health, Education, and Welfare. The program started in March 1972 as a three-year demonstration project and ended in June 1975. Home Start was a home-based program providing Head Start-type comprehensive services (nutrition, health, education, and social/psychological) to low-income families with 3-5 year old children (the focal children). A home-based program is distinguished from center-based programs in that services are provided in the family home rather than in a center setting.

A unique feature of Home Start was its attempt to build upon existing family strengths and assist parents in their role as the first and most important educators of their own children.

The national Home Start demonstration program had four major objectives, as stated in the Home Start Guidelines (December 1971):

- to involve parents directly in the educational development of their children;
- to help strengthen in parents their capacity for facilitating the general development of their own children;
- to demonstrate methods of delivering comprehensive Head Start-type services to children and parents (or substitute parents) for whom a center-based program is not feasible; and

- to determine the relative costs and benefits of center- and home-based comprehensive early childhood development programs, especially in areas where both types of programs are feasible.

Sixteen Home Start projects were funded by the Office of Child Development. Each program received approximately $100,000 per year with which to serve about 80 families. Participating families came from a wide variety of locales and many different ethnic and cultural backgrounds--including white, black, urban, rural, Appalachian, Eskimo, Navajo, Migrant, Spanish-speaking and Oriental.

Home Start program staff consisted primarily of "home visitors," who visited the homes of enrolled families periodically. In addition to working with the mother on matters of child development, the home visitors discussed nutrition, health, and social and psychological needs of family members. When needed, home visitors or other program staff referred families to community agencies for specialized services.

Families enrolled in Home Start also participated in group activities or meetings on specific topics, such as parent effectiveness or health. Each program had a policy-making council, which included Home Start parents as members, to set policy for the local Home Start project.

Further information on the Home Start program can be found in:

> "The Home Start Demonstration Program: An Overview" (February 1973), Office of Child Development. This booklet acquaints the reader with the overall Home Start program as well as introducing the 16 individual projects.
>
> "A Guide for Planning and Operating Home-Based Child Development Programs" (June 1974), Office of Child Development. Based on the 16 Home Start projects, this guide details what is involved in planning and operating a home-based child development program.

Home Start Evaluation Overview

The National Home Start Evaluation incorporated three major components: a formative or process evaluation, a summative evaluation, and a cost-effectiveness evaluation. The three are complementary ways of viewing the effects of Home Start. While all 16 sites participated in the formative evaluation, only six, selected as being representative of the rest of the programs, were involved in the summative and cost-effectiveness evaluation, due to funding restrictions on the evaluation.

Formative evaluation. The formative evaluation provides basic descriptive information about key aspects of individual Home Start projects (see Appendix A for a more detailed description of the formative methodology). This information was used to give feedback about project implementation during the course of the evaluation and to establish a context for the statistical and analytical findings. Elements of the formative evaluation include project-by-project case studies, observation of home visits, and analysis of staff time-use patterns. Trained interviewers gathered formative data by visiting each of the 16 projects to interview staff and to review project records. They visited the six summative sites each fall and visited all 16 sites each spring.

An information system, designed to gather basic statistics about each of the 16 programs, gathered quarterly data on family and staff characteristics, services provided to families, and program financial expenditures. The information was gathered by local project staff members as part of their routine record-keeping activities and then summarized into quarterly reports which were sent to the national OCD staff. These statistics were used to help local and national staff make better administrative decisions, assisted in the interpretation of summative outcomes, and also served as input to the cost-effectiveness analysis of the Home Start program.

Summative evaluation. The summative evaluation provides information about Home Start's overall effectiveness by measuring changes in parents and children. Two features characterize this kind of evaluation in the Home Start program. First, there are "before-and-after" measurements of parents and child performance along criteria provided in the Home Start Guidelines. Measures[1] used for the evaluation include:

- Preschool Inventory
- Denver Developmental Screening Test
- Schaefer Behavior Inventory
- High/Scope Home Environment Scale
- 8-Block Sort Task
- Parent Interview
- Child Food Intake Questionnaire
- Height and Weight Measures
- Pupil Observation Checklist
- Mother Behavior Observation Scale

Second, there is a randomly assigned, delayed-entry "control" group who did not enter the Home Start program until after they participated in one complete cycle of fall and spring testing. "Control" families then participated a full year in

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[1] Descriptions of the measures are included in Appendix B.

Home Start activities. Additional comparison data were gathered from Head Start families in four sites where there was a two-year Head Start program. Data also were obtained from Head Start families in the two urban sites operating one-year programs in 1974-75. The data were gathered by locally hired community interviewers who received special training twice each year.

Before-and-after measurements were collected from the six summative sites each fall and spring. Data reported here were obtained at four time points: fall 1973 (pretest), spring 1974 (7 months later), fall 1974 (12 months later), and spring 1975 (18-19 months after the pretest). The outcomes for Home Start families who had received full benefits have already been compared--after 7 months (Interim Report V, October 1974) and again after 12 months (Interim Report VI, March 1975)--to outcomes of control and Head Start families. In the present report, Home Start outcomes after 18-19 months (two full program years) are compared with two years of Head Start, and the outcomes of two full years of Home Start are compared with outcomes from the delayed-entry group (who had one year of Home Start following a year's participation as controls). Data were also collected in 1974-75 from a sample of Home Start and Head Start families who had not participated in the previous year's evaluation.

Cost-effectiveness evaluation. This third component of the evaluation was designed to determine the relative cost-effectiveness of Home Start and Head Start. While cost data were obtained from both programs, collection of this type of data was more extensive in Home Start to provide a comprehensive overview of total program costs (including both federal and levered resources). The types and quantities of benefits produced by the two programs and the number of participants that benefits could be extended to for a given level of public spending were compared to determine whether Home Start represented as cost-effective a program as Head Start. The cost-effectiveness evaluation also was designed to examine the relationship between program/process, cost and outcome findings and to formulate recommendations for improving program efficiency and for policy decisions at the national, regional and local levels.

Conventions Followed in This Report

- Project refers to the individual sites, while program refers to the National Home Start program.
- Focal parent and focal child were those members of the enrolled family who participated in the home visit. Most often the focal parent was the mother who was at home and not working. While the family may have contained several children, there was always one child who was the focus of the program

and therefore considered the focal child. Frequently the term focal is omitted in the discussion, using just parent and child.

- Summative families were those families who were being tested and interviewed to assess the outcomes of Home Start. These families participated at six summative Home Start projects: Alabama, Arkansas, Kansas, Ohio, Texas (Houston), and West Virginia.

- Figure applies to those charts which are located within the body of the chapter; a figure usually appears directly after the page on which it is mentioned. Tables are located in a separate section at the end of the report.

II

PROGRAM CHARACTERISTICS

A factual overview of the Home Start program is presented here to provide a framework for subsequent sections of the report which address a number of specific issues. Included here is information about family enrollment and staffing of the entire Home Start program, as well as the typical project. Project activities which families participated in, such as home visits and group meetings, and other services that projects provided to their families are discussed in detail. Also examined are across and within project variations, not only in family enrollment and staffing but in service delivery patterns as well. The chapter concludes with a discussion of the cost of providing Home Start services to participating families.

Before examining the statistics presented in this report, it is important to remember that the main thrust of Home Start was simply people helping people in a variety of ways. Home Start, during the three-year demonstration which concluded in June of 1975, was a program not only concerned with the preschool child, but also with the well-being of the total family. The program, aside from helping parents to become more effective in their role as educators of their own children, stressed the social and emotional needs of the child, the importance of health care and good nutrition as well as a variety of community resources families could utilize to help meet their own needs. To present this more human and comprehensive view of Home Start, we are starting this chapter with the success story of a family in Arkansas which shows what Home Start has meant to them. The story illustrates some of the ways home visitors and other project staff have affected the happiness and well-being of families in the Home Start program over the past three years.

A Family Success Story
The Froelichs in Arkansas[1]

"I think when Lenore gets those kids raised, they're gonna be the kind that'll start to school and say, 'Look, I'm Marty Froelich--I'm somebody.' I think they'll go with that attitude, and that's important with low-income families, because a number of my families have this low self-image. They teach it to their children in their posture--that slumped attitude--whether they say it or not. And Lenore Froelich will never teach it to hers, she'll never teach that given-up attitude, because she's never given up." That's Claudine Shuffield talking. She's worked with the Froelichs for about a year, ever since they moved to a rocky hillside outside Dover, Arkansas.

The Froelichs have built their home from scratch, but when Claudine first visited, it was only a corrugated tin shell with an unfinished interior. Bit by bit, they've expanded and improved the place, and Claudine has encouraged them and applauded their progress every step of the way. "When I visited with Mrs. Shuffield," says JoAnn Braddy, Home Start Director, "the thing I really noticed was that she saw every little thing they'd done to the house since the last visit, and she'd encourage them and say, 'Well, that's just one more step to achieving what you really want.' That's what she builds on, she just points out all these little things."

Because the Froelichs were newcomers to the area, some local merchants tried to take advantage of them. Lenore bought a used stove that was defective and felt it was somehow her fault, but Claudine insisted she raise a fuss, and the stove was repaired. When Mr. Froelich went on strike and money got tight, Claudine explained about the emergency food stamp program, and the family took advantage of the help. "She's smart enough to really grab onto the things you recommend," Claudine says. The family put in a vegetable garden as part of Home Start's gardening program, and Claudine directed Lenore to the local extension office for freezing and canning advice.

Fred Froelich is Lenore's second husband, and the family consists of their child, one-year-old Dawn, and two boys from Lenore's previous marriage, six-year-old Tommy, and Nick (Home Start's focal child) who is four. Tommy has had difficulty adjusting to his mother's remarriage: He's disrupted his first-grade class and has taken to stealing small items in order, Claudine feels, to get attention from his mother.

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[1] From Home Start Evaluation Case Studies, spring 1974.

Claudine and Lenore visited the school to talk with the teacher, who is now trying to help with the problem, and through Home Start, Lenore and her son are getting free counseling from the Human Services Center, which is partly funded through the federal government, the county, and the United Way. "It's so hard for families around here to go for counseling to mental health clinics," one staff member says, "I feel like it's a big step for them."

Lenore takes the job of teaching her children seriously. Says Claudine, "She was already teaching her children, up to a point, in everyday living, but I don't think she realized the importance of all the concepts. I think now, when she does something with them, she knows why she's doing it. She puts some value on it. I really think now she realized that learning starts with a child a long time before the first grade. She was smart enough and took enough time with her children that she was teaching some, but now she knows why she's doing it. She knows why one step follows another, and she knows which has priority over which. I think she'd be the first one to speak out and say, 'It's not important that my kid can count to 50 if he can't put a one-to-one relationship with the numbers.'"

Home Start staff feel Lenore has gained considerable self-confidence since she joined the program, and they admire her "get-up-and-go." Claudine Shuffield, for her part, is pleased with Lenore's concern for her children's emotional development. "She believes in building their personalities now, as well as the educational part. That's important, because I see kids that are just, you know, thrown out into the world--'Okay, kid, you'll make it.' Some kids don't make it, and love alone can't do it."

The Home Start Program

The enrollment figures reported in this section are for the second year of Home Start operation and are similar to those included in Interim Report VI. Project enrollments during the third and final year of the demonstration were not used since figures were distorted by the pending conclusion of the program. The second year covers the period October 1, 1973 through September 30, 1974. This time period was chosen for reporting purposes because it most closely corresponded to the Home Start project year which started in the fall when most new families entered the project. Cost data reported in this chapter cover the same time period.

During the second year of the Home Start demonstration, sixteen projects were operational in a wide variety of locales. Nine of the projects served families living primarily in a rural setting while the remaining projects were considered urban. Most of the rural projects reached out to families living in a number of different counties and many of them maintained more than one Home Start office in order to reduce staff travel time and to make the office accessible to families. West Virginia and Arkansas operated the greatest number of Home Start offices (nine and eight respectively). Satellite offices frequently were located in basements of churches or county court houses, or occupied one room in a community service center or a staff member's home.

The Home Start program served families of many different ethnic and cultural backgrounds, including white, black, Appalachian, Eskimo, Navajo, Migrant, Spanish-speaking and Oriental.[1] During the second year of Home Start operations, the sixteen[2] Home Start projects served a total of 2,020 families with a total of 3,871 children under five. Of these 2,561 were focal children. Projects reached an average of 1,183 families per quarter (41% less than the total number of different families during the year). This was the result of considerable family turnover during the summer months, an issue addressed in more detail in Chapter III.

The typical family served by Home Start consisted of four or five members and was supported by an income of less than $6,000. In over half of the families (61%) enrolled in Home Start at least one parent was employed, although only a quarter of all focal parents had part- or full-time jobs. Families used a wide variety of services such as food stamps, medicaid, and welfare to supplement their incomes.

The focal parent served by the program almost always was the mother, typically in her mid-twenties with some high school education. In 16% of the families both the father and mother were considered focal parents. Many fathers participated in program activities--meetings, Parent Policy Councils and occasionally in home visits. About one quarter of the Home Start families were single-parent households.

Thirteen percent of all the focal children participating in Home Start during the year were diagnosed as handicapped. This exceeded the Head Start Guideline which requires projects to have a 10% enrollment of handicapped children. Most of the handicaps were physical in nature, such as vision, speech or hearing disabilities. Only a small percentage of focal children had been medically diagnosed as emotionally disturbed or mentally retarded.

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[1] See Chapter III of Interim Report V (pp. 22-27) for a detailed discussion about the ethnic backgrounds of families and staff.

[2] Enrollment figures for the Texas-TMC project cover only three quarters rather than four because the project was closed during the summer months.

At the end of the quarter ending March 31, 1975, 195 staff members were working with the Home Start projects, serving a total of 1,159 families.[1] This resulted in a 1/6 staff/family ratio. Three quarters of the staff were working full time with the Home Start project while the rest were shared with Head Start or other programs. These figures differ slightly from those presented in earlier reports because previous staffing information was based on quarterly Information System data which only reported staff paid out of the Home Start budget, and not staff paid through other sources, such as Head Start. There were 107 home visitors among the total staff so that home visitors served an average of 11 families each, the midpoint of the 9 to 13 range recommended in Interim Report V.

The Typical Home Start Project

Home Start projects on the average served 70 families per quarter. This was 13% short of the goal to maintain enrollment at 80 families per project which the Home Start Guidelines required. Because of variations in the cost of living, three projects obtained permission from the Office of Child Development to serve fewer than 80 families. Alaska served the least number of families with their Home Start grant (51 per quarter) as a result of the high cost of living in that state. West Virginia, on the other hand, served substantially more families than other projects per quarter (139) because of a supplementary federal grant from the Office of Economic Opportunity which the project received. Projects reached an average of 130 children under five per quarter, 84 of which were focal children. Family enrollment for each of the sixteen projects is presented in Table II-1.[2]

The typical Home Start project had a staff of twelve: a director, three specialists (a nurse, social services/parent involvement coordinator and either a home visitor supervisor or an education/child development specialist), a secretary and seven home visitors. As is shown in Table II-2, the composition of project staffs varied considerably from site to site. West Virginia and Arkansas had the largest staffs (20 and 17 staff members, respectively). Arkansas had the highest number of specialists on the staff (eight), although most divided their time between Head Start and Home Start.

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[1] Based on information received from all projects, except Ohio. For this project September 30, 1974 enrollment information was used.

[2] Tables can be found in the section following Chapter V.

In addition to regular full- and part-time staff, all sixteen Home Start projects were able to obtain the services of volunteers for a variety of activities. Projects reported that each received roughly nine weeks of donated professional services during the year from doctors, dentists and other specialist staff. In addition projects obtained 10 weeks in non-professional donated services.

The Home Visit

The home visit was the principal mechanism for delivering services to families enrolled in Home Start. Because of the crucial role the home visit played in the program, three of its aspects are examined here in detail: frequency, duration, and some general characteristics of the visit itself. Discussions are based on home visiting records and observations of home visits in the six summative projects. Variations in service delivery patterns across and within the six projects are also addressed to provide a framework for later discussions in Chapter IV regarding the impact of these variations on families and their preschool children.

Frequency of Home Visits[1]

One of the local Home Start project objectives was to visit enrolled families weekly during the course of the program year. As was discussed extensively in Interim Report VI,[2] summative projects were operational for an average of roughly eleven months out of the year. This ranged from a full 12-month operation in West Virginia to a low of nine months in Alabama which was closed during the summer months. If weekly visits had been conducted during the 11-month program year, families would have received a total of 46 home visits. Data from four summative projects[3] regarding the frequency of home visits over a period of a year[4] (see Table II-3) show that families were involved in only 34 home visits on the average, 76% of the maximum number of weekly visits. Ohio home visitors made the least number of visits during the year (29) because they spent ten weeks in project staff training which prevented them from having regular contact with their families. Special training activities were conducted in two other projects for one or two weeks during the year at which time no home visits were made. Most of the home visitor training, however, was conducted on a regular basis and did not interfere with weekly home visits. There were a variety of reasons why home visits did not take place during a quarter of the weeks the projects were operational. Among them were holiday celebrations when group meetings or social gatherings replaced the weekly home visit, staff vacations, illnesses and other emergencies. During the summer, projects shifted their emphasis from regular home visits to more group activities for families and their preschool children.

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[1] Home visiting record data were used in the analysis of frequency and duration of home visits. Records were completed in the six summative projects only. Weekly information about home visiting activities with summative families were obtained for a 40-week period (October 1, 1974 through June 28, 1975). Two projects (Kansas and Texas) submitted data only through the March 31, 1975 quarter.

[2] pp. 7-10.

[3] No full-year data were obtained from the Kansas and Texas projects.

[4] July 1, 1974 through June 28, 1975.

Discussions about frequency and duration of home visits reported in the remainder of this section are based on home visiting records from October through June rather than for a full year. Summer activities of the six summative projects were not comparable because of considerable across site variation in the frequency of home visits during that period. From October through June, home visiting was conducted on the average every other week. As is shown in Figure II-1, this ranged from visits being held three times a month in three projects to monthly visits in the Kansas Home Start project.

Figure II-1

Average Number of Home Visits per Family Made per Month

Project	3	2	1
Alabama		X	
Arkansas	X		
Kansas			X
Ohio		X	
Texas	X		
West Virginia	X		
Total	3	2	1

None of the projects made an average of four home visits per month, although some families were visited weekly as is discussed below.

The frequency of home visits varied not only from project to project, but within sites as well. Most of the families (83%) on which data were obtained were visited either three times a month or participated in bi-monthly visits, but some were visited weekly, while others received one or fewer visits per month. Figure II-2 shows how the frequency of home visiting varied within the six summative projects. Home visits in Arkansas were conducted most consistently, with 81% of the families receiving visits three times a month. In three of the projects (Alabama, Kansas, and Texas) the frequency of home visits made to families varied by two visits per month and by three visits in Kansas and West Virginia.

Figure II-2

Frequency of Home Visits
by Family

Project	Number of Families	% of Families Visited				
		4 X/mo.	3 X/mo.	2 X/mo.	1 X/mo.	Less than 1 X/mo.
Alabama	53	-	53	43	4	-
Arkansas	52	-	81	19	-	-
Kansas	37	-	8	38	46	8
Ohio	30	3	33	53	10	-
Texas	24	8	58	33	-	-
West Virginia	44	16	50	32	2	-
Average	240	5	47	36	10	1

Reasons for variations in the frequency of home visits to individual families included: illness in the family or of the home visitor; summative testing sessions which replaced home visits for that week; family, school or home visitor vacations; and home visitor participation in workshops. Sometimes the family was taken by the home visitor to a doctor or another service provider so that the "home visit" took place in the car en route but was not counted as such by the home visitor. In addition, families were often difficult to reach by telephone, mail, or personal visit or were involved in other activities or seasonal employment which took precedence over home visits for a particular week or number of weeks.

The variations in home visiting frequency to specific families reported above were not completely caused by particular home visitors making fewer visits to their groups of families. Few home visitors (25%) visited their families the same number of times per month. Most of them (60% of the home visitors) made a specific number of visits to some of their families and one or more to others. The remainder of the home visitors (15%) varied frequency of home visits to their groups of families to a greater extent, with some families being involved two or three times more frequently.[1]

Some families served by a particular home visitor were involved less often than others in home visits because of family situations which made it necessary to cancel the visit. Specific family and home visitor characteristics may also have been a contributing factor to influence how frequently home visits took place. The relationship between such characteristics and home visiting frequency is reported in Chapter IV.

"Brief visits" were also made to families by home visitors to see a sick child, remind parents about a meeting, or drop off materials or clothing for the family. Although these visits were of different durations depending on their purpose, they were generally shorter than regular home visits. Brief visits were made to roughly half (49%) of the families, with an average of two visits made per family during a quarter. Figure II-3 shows the average number of brief visits made per family for each of the six summative sites over a three-month period.

Figure II-3

Average Number of Brief Visits per Family
During Three-Month Period

Project	3	2	1
Alabama		X	
Arkansas			X
Kansas		X	
Ohio			X
Texas	X		
West Virginia			X

---

[1] Site profiles are presented in Table II-4.

Duration of Home Visits

The average length of home visits was 90 minutes; this finding is consistent with those presented in earlier reports. Alabama's home visits were the shortest of the six summative projects, lasting an average of one hour. Roughly twice as much time was spent per home visit with families in Kansas and West Virginia. As in the number of home visits made per family, considerable variation existed in the length of each visit. Some lasted only for 10 or 15 minutes. At other times a focal child or parent needed additional attention from the home visitor, making the visit last for three or four hours.

Home Visit Characteristics[1]

Home visits observed in the spring of 1975 lasted an average of 72 minutes, the same as in the fall of 1974.[2] The home visitor, focal child and mother participated most often in the visit. The father was present in about 10% of the observed visits, while siblings who were at home were almost always involved.

Visit time was divided almost equally between child- and parent-focused activities. Home visitor-parent interaction occurred over a third of the time, while the home visitor and child also interacted a third of the time. Most interactions between the parent and child involved the home visitor as well; these three-way interactions accounted for another 19% of the home visit. Child-oriented and parent-oriented content areas each took up about half of the home visit. These findings are detailed in Figure II-4.

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[1] Data reported here are based on home visit observations conducted in the fall of 1974 (N=133) and the spring of 1975 (N=108) in the six summative sites. Interactions between home visit participants and the content areas addressed during the visit were observed and recorded. Appendix A of this report describes the methodology used for analyzing these data.

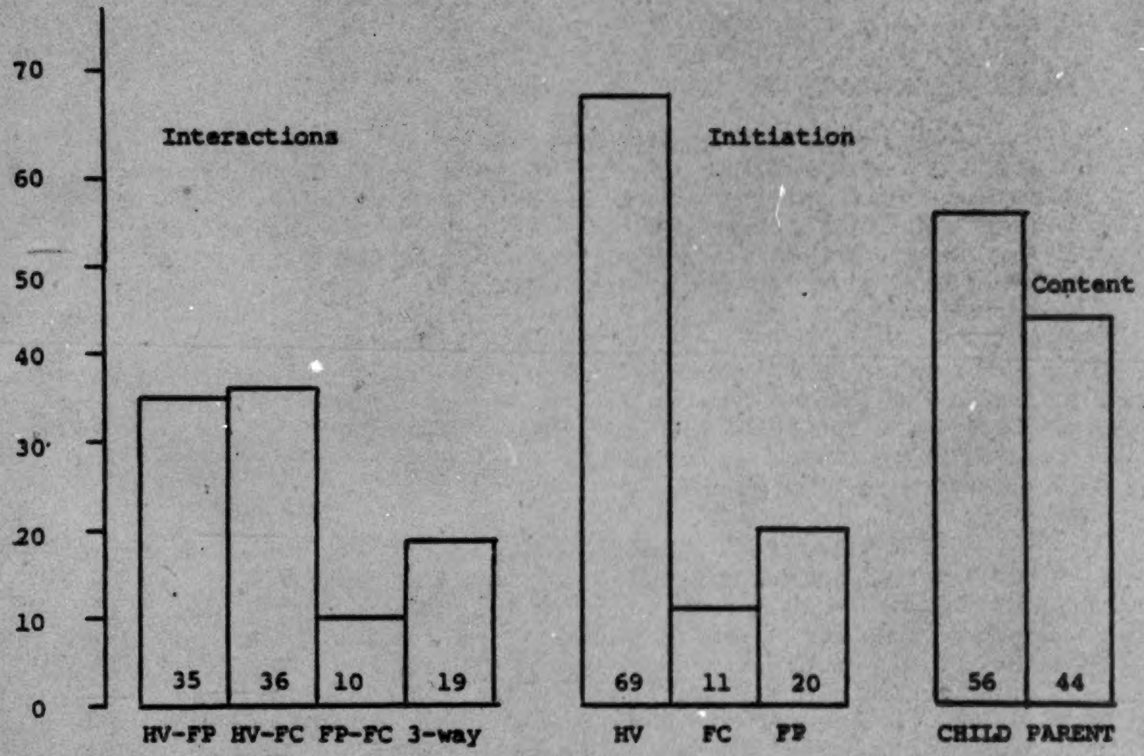
[2] This is considerably shorter than the home visit time of 90 minutes reported by home visitors. Because the visit was observed, it was likely to be slightly briefer than regular home visits or it may be that a considerable amount of time was devoted to coming and going by the home visitor which the observer failed to record.

Figure II-4

Home Visit Characteristics
Spring 1975
(in Percents)

Spring 1975: Average time of home visit: 72 minutes

N = 108



In activities involving the child and home visitor, the subject matter was often school readiness or the child's physical development. The home visitor often brought materials to be used in child-oriented activities: paper and crayons, books, number flash cards, puzzles or pegboards. In all, school readiness was dealt with 24% of the time, while the activity's content was the child's physical development 19% of the time. The home visitor also talked to the child about health and nutrition topics such as the importance of a good breakfast as well as just socializing with her or him. When the parent was involved along with the child and home visitor, the activity centered around school readiness and training the parent in child education. Representative activities are the home visitor showing the parent how to teach the child ABCs with a new book.

Interactions involving home visitor and parent took place 35% of the time. Parents' personal and general concerns were addressed most frequently during home visitor-parent interactions (22%), concerning such topics as: parent group meetings, home repairs, clothing and crafts the parents had made, gardening, other children's problems in school and other family members and friends. In addition, they discussed community resources available to the family and the family's health and nutritional needs. Considerable time (10%) was also spent showing the parent how to teach her child or discussing the child's emotional needs. This home visit profile supports a view of Home Start as a family-focused, rather than only a child-oriented, program.

Sites varied considerably in the emphasis that was placed on the parent or child during the home visit, as is illustrated in Figure II-5. Three models of home visiting emerged. The first model showed home visits in Arkansas and Kansas to be mostly centered on the parent, with home visitor-parent interactions occurring almost half of the time. Texas and Ohio, on the other hand, had more child-oriented home visits, with less frequent home visitor-parent interactions and a considerably higher concentration on child-oriented activities. Although more focused on the child, home visits in Alabama and West Virginia placed more emphasis on parent activities and concerns than the Ohio and Texas projects. Home visits differed not only across sites, but also varied considerably within projects as home visitor profiles included in Interim Report V showed.[1]

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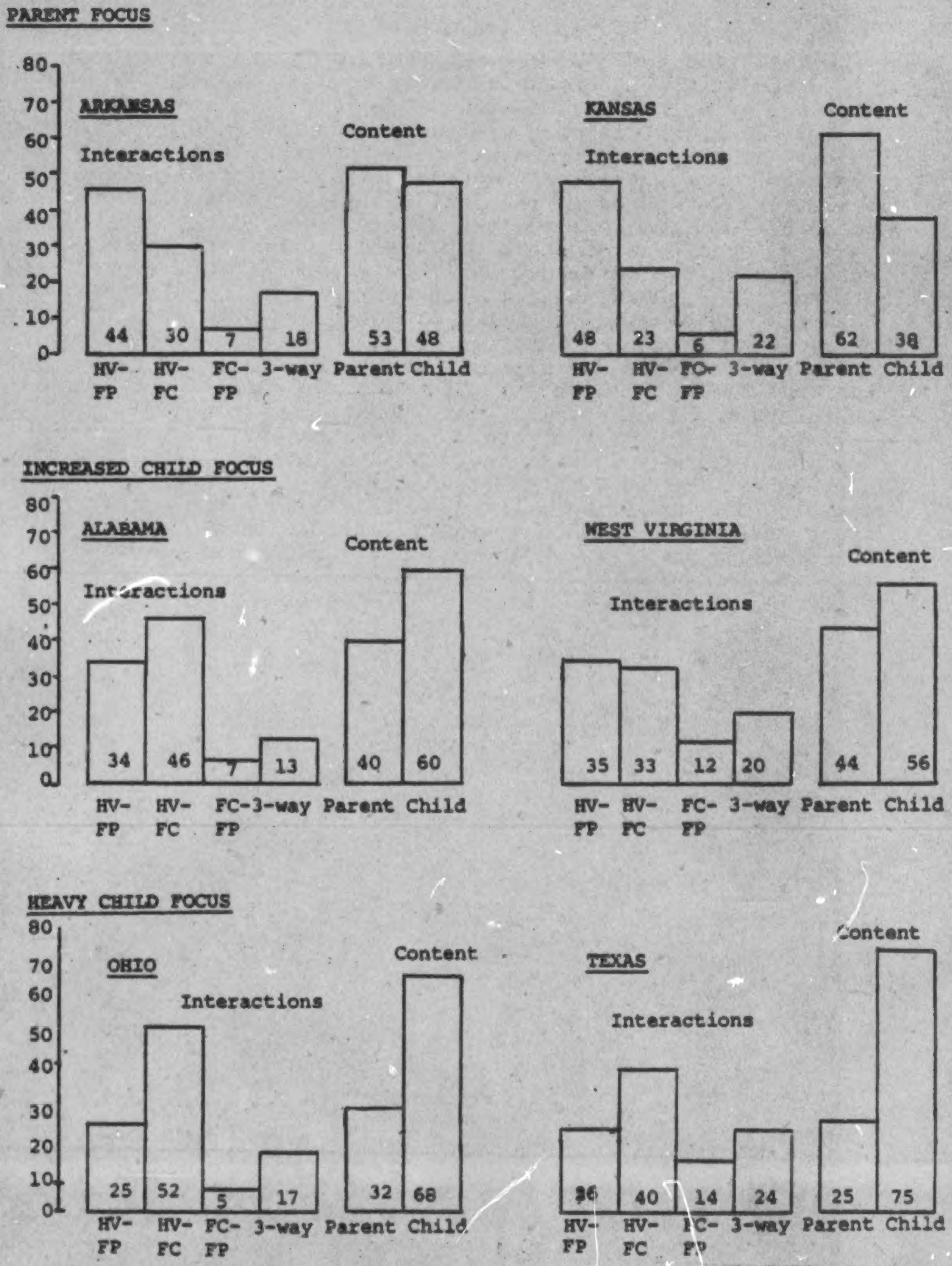
[1] Table II-5 of this report details all the measured variables on a site-by-site basis. Differences are discussed in detail on pp. 45-65 of Interim Report V, Program Analysis volume.

Figure II-5

Home Visit Profiles by Site[1]

(Spring 1975)



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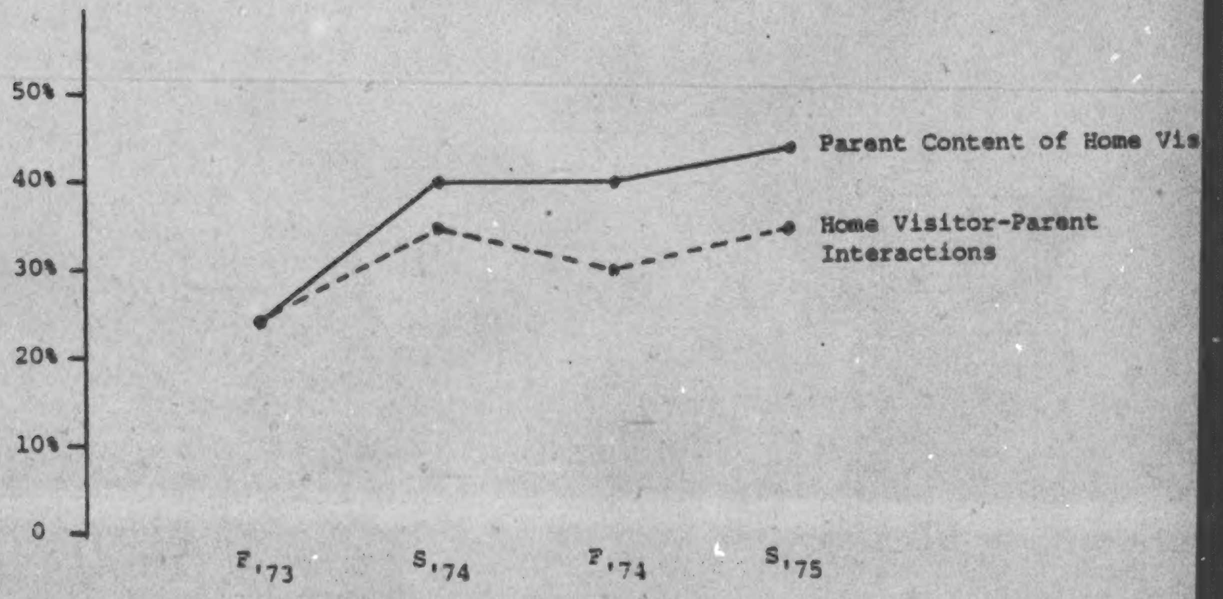
[1] Some categories do not sum to 100% because of missing data or rounding errors.

Home visit data described here are very similar to fall 1974 findings. A two-year profile of two of the home visit characteristics presented in Figure II-6 shows a considerable increase in both parent content of home visits since the fall of 1973 (20%) and in home visitor-parent interactions (11%). Home visit characteristics became more stable starting in the spring of 1974. A slight decrease in home visitor-parent interactions was found in the fall of 1974, although the emphasis on parent content remained the same. Originally, it was thought that this decrease might be explained by the fact that home visitors started working with a new group of families and they had not yet established a comfortable working relationship with parents. However, as reported in Interim Report VI[1], there was no difference in home visitor-parent interactions between old and new families. The emphasis shift from child to parent since the fall of 1973 can be attributed to an increasing awareness on the part of home visitors and other project staff of the appropriate role of the parent in the home visit, based on National Office guidance, training and technical assistance. As one home visitor states: "at first I really wanted to push children and education ... and wanted to show the mother how she'd work better with the kids ...without involving her in the activities." Gradually the home visitor became aware that she had to work through the mother and let her in turn work with the child in order to be effective.

Figure II-6

Two-Year Profile of
Home Visitor-Parent Interactions
and Parent Content



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[1] pp. 37-38 of Interim Report VI.

Other Home Start Activities with Families

In addition to regular and brief home visits, families participated in a number of other Home Start activities, including group meetings for focal children and parents, "other" activities of a social nature, Parent Policy Council[1] meetings, and trips to the doctor, dentist, or social service agency. Families also were the recipients of a variety of services for which they were referred by the home visitor or other project staff.

Most families participated, at least to some extent, in non-home visit activities. In some instances, a particular family participated only minimally during a quarter, such as one trip to the doctor or one parent meeting. Conversely, for some families other activities replaced home visits entirely for a particular quarter. In all sites, however, the project emphasis was to encourage families to participate in other Home Start activities in conjunction with regular home visits.

Families participated in an average of 18 activities other than home visits during the three-quarter period for which data were obtained, or six per quarter. More than half of the families were involved in child and parent groups (59% and 60%, respectively). Participation in Parent Policy Council meetings, on the other hand, was considerably less (10%) which would be expected since the councils usually were composed of a representative sample of Home Start families. A profile of the types of activities families were involved in, as well as the percentage of families who participated in each, are presented in Figure II-7.

Figure II-7

Program Activity Participation by Families

Activity	% Families Participating Average/3 Qtrs.	Average # of Activities Per Family/3 Qtrs.
Child Group Meetings	59%	8.4
Parent Group Meetings	60%	5.5
Parent Policy Council Meetings	10%	0.6
Trips	34%	2.3
Other Activities	12%	1.1
	Total:	17.9

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[1] Discussed in detail at the end of this section.

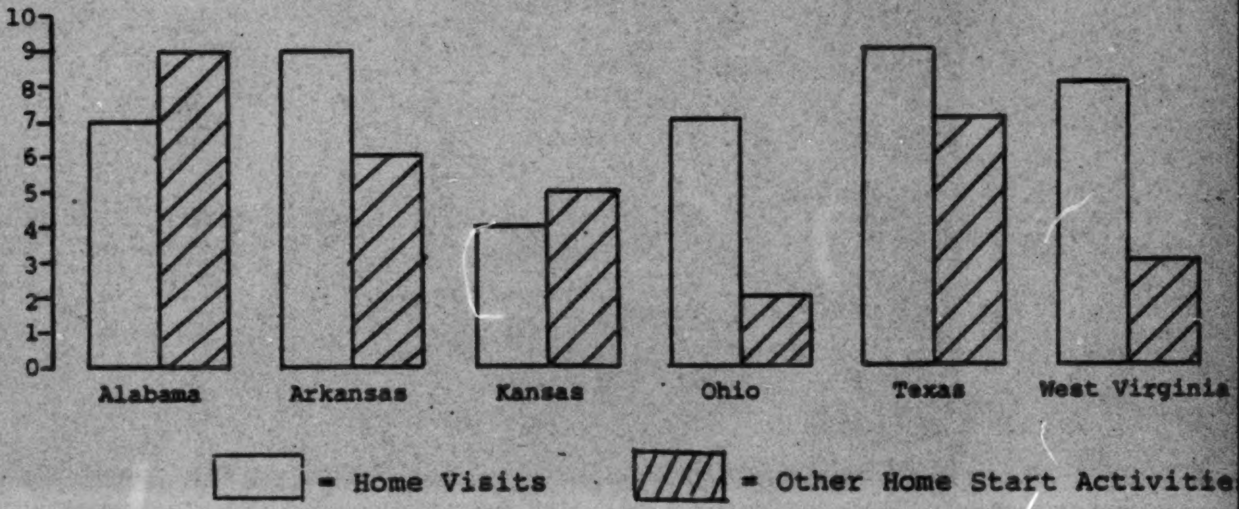
Site variations in the level of family participation are illustrated in Table II-6. The Alabama, Arkansas and Texas projects had the highest level of participation in child and parent groups.

Projects also varied in the emphasis placed on home visits and group activities relative to each other. Figure II-8 shows the proportion of home visits to other Home Start activities for each of the six projects. Comparisons show that the number of home visits exceeded the number of other activities for all sites except in Alabama and Kansas where the reverse was true. In these four projects, project emphasis was on home visits, rather than group activities, as the primary means of service delivery.

In addition to participating in a variety of Home Start activities, families received a number of community services

Figure II-8

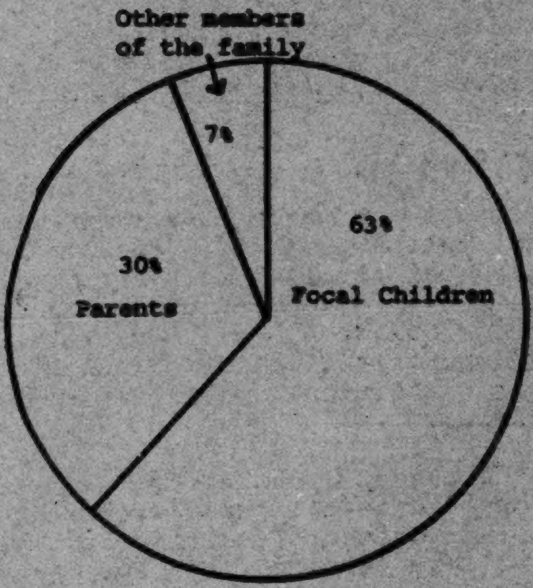
Comparison of Home Visit and
Other Home Start Activity Participation by Family
per Quarter



through referrals by home visitors or other project staff. During the second year of Home Start operations,[1] an average of seven referrals were reported for each family enrolled in the program--four for health needs, two for psychological or social services, and one in the area of nutrition. About half of the families also were referred once for educational needs of either the parent or the child. As is shown in Figure II-9 focal children were the primary recipients of referral services, receiving more than half of all referrals made.

Figure II-9

Referral Services Recipients



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[1] October 1, 1973 through September 30, 1974.

The number of referrals made per family, as well as the types of services the families were referred for, varied considerably from project to project. As is illustrated in Table II-7, per family referrals ranged from a high of 30 in West Virginia to a low of 1.5 in Utah. In response to the Home Start Guidelines, almost all sixteen projects (14) placed more emphasis on meeting health needs of children than on helping families obtain other services. The Guidelines required that each focal child receive the same health benefits that are provided to Head Start children, including physical and dental examinations, immunizations, as well as needed medical and dental followup care. Two projects placed a slightly different emphasis on family referral activity; one made most referrals to meet a variety of psychological and social needs of families, while the number of educational referrals was equal to those made for health services in the other project. Twelve of the sixteen projects concentrated referral activities on getting services to focal children, while more referrals were made for parents and other members of the family in the four remaining sites.

Group and Social Activities

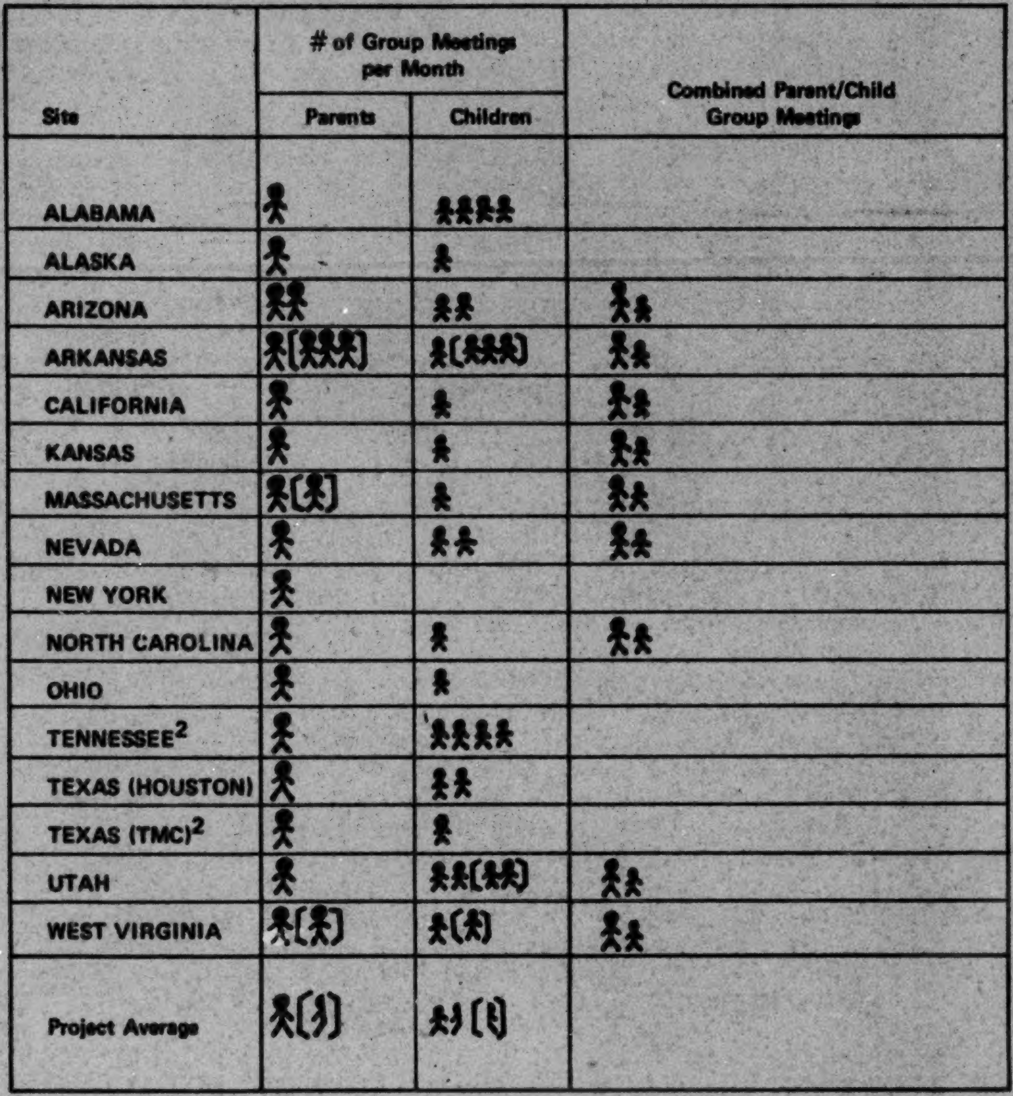
Group meetings for parents were conducted at least monthly in each of the sixteen projects, while a few home visitors met with their group of families more frequently. Figure II-10 illustrates project-by-project variations in the frequency of group activities for children. All but one of the sites (New York) provided group activities for children. Many of the projects also conducted additional meetings in the form of special workshops for parents.

Most of the parent group activities were conducted as "neighborhood groups" with all families working with a particular home visitor getting together from time to time. In a few projects, all parents were combined into one large group. The frequency of group activities varied across sites and also within projects; some home visitors conducted group meetings weekly, while others met in groups monthly. Most of the parent group meetings were held at the same time as group activities for children, although separate activities were planned for each group. Variations in the structure and content of group activities are discussed in more detail below.

Parent group meetings. In general, all parent groups--regardless of their organizational differences--served three major functions. The first concerned general Home Start business such as planning activities for parents and children, deciding how to spend parent activity funds, suggesting lesson plans for the coming month, and discussing the overall operation of the project. The second area of concern related to parent education,

Figure II-10

Frequency of Parent/Child Group Meetings[1]



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[1] The figures presented in brackets indicate the range in frequency of group meetings. In Arkansas, for example, all home visitors conducted monthly group meetings although some home visitors got together with parents and children on a weekly basis.

[2] Group activities for parents and children were both combined and separate.

through guest speakers in special interest areas such as child development or community issues, job information, workshops on nutrition or the development of specific job-related skills (sewing, carpentry, etc.), setting up G.E.D. classes, as well as informal discussions about child-rearing and education. The third major function was social, a means of getting parents and children out of their homes to mix with other families in a relaxed, informal setting.

Each project developed its own method of serving these three functions. Some combined business, education, and social mixing in one meeting, or concentrated on Home Start business during scheduled meetings, with special workshops and social events offered periodically through the year. The San Diego project set up three separate regularly scheduled meetings: a cluster meeting for each home visitor group, a large parent education meeting, and a social gathering involving children and parents. The Reno project combined all three kinds of activities into a single monthly all-day meeting and included all members of the family.

Child group meetings. Most of the projects, recognizing the children's need to develop both cognitively and socially outside the home, provided periodic group experiences. Children's group meetings were structured to address both needs. Several sites conducted Head Start-like activities in a classroom (or, in two cases, in a "classroom van" which traveled to different neighborhoods weekly) for morning or afternoon sessions with teachers, home visitors, and parents participating in learning activities. Groups which met during parent meetings often separated the meeting room (a classroom, church basement, etc.) into learning areas where children could rotate through various activities such as art work, story-telling, playing with blocks, games, gross-motor activities, discussions of colors and shapes, etc. Alabama's groups included educational TV as a teaching tool. Social activities were also stressed to develop children's ability to get along with each other, to share toys and experiences. In addition, field trips provided an opportunity for children and parents to visit local places of interest (the library, zoo, etc.) and to discuss what they had seen.

Project staff identified as the most important accomplishments of these group activities the children's adaptability to new environments, exposure to the classroom setting (in preparation for Head Start programs and/or kindergarten), learning to verbalize thoughts and feelings, the development of self-confidence among peers and adults, and fellowship with other children. For many of these youngsters, Home Start group activities provided their only opportunity to associate with others outside the home. One project director marked the greatest change in those children "who wouldn't leave Momma's skirts when they first came and now are anxious to go back to the children's room."

Other group activities. Additional group activities for parents and children were offered at 15 of the sites. (Arizona was the only site which did not). Both educational and social activities were offered by projects and included special workshops on topics such as nutrition, health issues (pre-natal care, communicable diseases), and career development skills; G.E.D. classes; English-as-a-second-language classes (California and Texas Migrant); and Parent Effectiveness Training (Alaska and California). Almost all sites held holiday parties and occasional picnics for the whole family. The Nevada project organized neighborhood cluster meetings, North Carolina offered swimming lessons, and the Texas Migrant project held an open house twice a year which a large number of people attended. Table II-8 presents a profile of "other" activities offered by projects.

Parent Policy Council meetings. Parent Policy Councils (PPC) met at all 16 sites, on a monthly or bi-monthly basis over a nine- or 12-month period. Two of the councils met only quarterly, with more frequent meetings of the council's executive committees.

PPC membership varied considerably from site to site as is illustrated in Table II-9. Only two site councils were composed of exclusively Home Start members in addition to its one-member representation on the local Head Start Council. The remaining Parent Policy Councils were composed of various combinations of representatives from Home Start and Head Start parent groups, local community agencies and organizations (county Sheriff's office, health organizations, adoption agencies, etc.), project umbrella agencies, and Home Start and Head Start staff. The council membership ranged from eight in Texas to 43 in California, with the majority having between 18 and 26 members. Home Start parents usually were represented equally with other groups; in the California and Texas Migrant councils, however, Home Start's representation was minimal (and, in fact, the Home Start representative on the TMC Policy Council did not even have voting power).

Summary of Home Visit and Other Activities

Home Start families were involved in an average of 34 home visits during the course of the year, each lasting roughly 90 minutes. This meant home visits took place 76% of the weeks that the local projects were operational during that period. Frequency of home visiting activities ranged from weekly to monthly visits. Few home visitors made the same number of home visits to the group of families assigned to them because family illnesses and other emergencies prevented the home visits from taking place.

Home visit characteristics in terms of interaction (focal child-focal parent-home visitor) and content areas did not change a great deal since fall of 1974. Findings indicate an increasing emphasis on parents as the major focus of the home visit since the fall of 1973, although parent emphasis became relatively stable starting in the spring of 1974.

In addition to home visits, focal families were involved in other Home Start activities, including parent and child groups, Parent Policy Councils, trips, etc. Group activities for parents were offered in all projects, while only 15 provided special group experiences for children. Although projects encouraged families to participate in both home visits and other Home Start activities, family participation in non-home visit events varied considerable. In all but two of the summative projects, the home visit was generally considered the primary vehicle for delivering services to families.

Home Start Costs

Most resources utilized by the local projects come directly from the Office of Child Development. Levered resources, consisting of goods and labor services contributed by local government agencies and private sources, plus direct funding from other Federal sources made up the total resource cost of the Home Start projects. Information is presented here for a full year (October 1, 1973 to September 30, 1974). These resource costs were:

- $1,552,000 in total OCD expenditures for the 16 projects;
- $66,000 of other Federal monies spent by two of the 16 projects;
- $411,000 in levered resources;
- $2,029,000 for the 16 Home Start projects.

For more detailed information about personnel and non-personnel costs, see Figure II-11.

The percentage distribution of expenditures of federal funds across budget categories indicates that the Home Start program, like most social service programs, was highly labor intensive. Salaries and fringe benefits for project staff accounted for 79% of Federal expenditures across all sites. Travel expenses and consumable supplies were the most important non-personnel costs with 8% for travel and 5% for consumables.

Figure II-11

Total Cost of Home Start by Budget Item

(October 1, 1973 to September 30, 1974)

Item	Federal Funds	Other Sources	All Sources
Personnel	*$1,276,396* ① ②	*$247,334*	*$1,523,730*
Project Staff	1,191,115	0	1,191,115
Non-Project:			
Professional Services	85,281	202,553	287,834
Non-Professional Services	0	44,781	44,781
Non-Personnel	*341,167* ③ ④	*163,750*	*504,917*
Travel	125,385	0	125,385
Space	45,833	72,675	118,508
Consumable Supplies	87,340	71,435	158,775
Equipment	26,853	10,733	37,586
Other	55,756	8,907	64,663
TOTAL:	*$1,617,563*	*$411,084*	*$2,028,647*

① Included in this total are personnel costs donated to Home Start by Head Start: $23,353

② Included in this total are personnel costs donated to Home Start from other Federal sources: $51,863

③ Included in this total are costs donated to Head Start by Home Start: $10,073

④ Included in this total are non-personnel costs donated to Home Start by OEO Grant: $15,708

Levered resources ($411,000), which were 20% of the remaining resources, consisted of goods and labor services contributed by local government agencies (e.g., medical examinations provided by local county health departments) or by private organizations and individuals (e.g., donated office space, psychological evaluations by private therapists, food and clothing). Donated professional time accounted for most of the donated services. Durable materials consisted mostly of space and was the next most important levered resource. When levered resources are added to federal dollars spent the percentage distribution of monies between personnel and non-personnel costs changed. The percentage of federal monies was 79% for personnel costs and 21% for non-personnel costs. With the addition of levered resources the distribution became 75% for personnel and 25% for non-personnel costs. It would appear non-personnel costs like space and consumable supplies are the easiest things to obtain from the local community.

Figure II-12 illustrates the percentage allocation of total resources across budget categories and reflects the slight differences between summative and non-summative allocations. There are no significant differences in spending patterns.

The West Virginia project's expenditures were atypical due to an OEO grant ($59,623) and an exceptionally larger amount of levered resources. When West Virginia was excluded from the calculation, the average budget was $95,685 for federal funds and $24,207 worth of levered resources for an average total of $119,892. These figures were much closer to what was actually spent by the other projects.

The financial information made available by local Home Start offices indicated substantial variation across the 16 local projects in expenditures of OCD funds, in the value of resources consumed and in the patterns by which resources were allocated across the various budget categories. There were several reasons for substantial variations in cost and expenditure patterns across local projects. Local projects placed varying importance on certain types of budget items. Some projects spent more on personnel costs and within that budget allocated different proportions for home visitor salaries, other project staff and consultants. Within the non-personnel category local projects placed different emphasis on travel and consumable supplies depending on the individual project's need. Differences in the number of families served accounted for a substantial part of the variation in overall budgets. The availability of community resources in the public and private sectors was an important determinant of the amount of contributed resources local projects capture. These site-to-site variations in community contributions were another source of variation in overall budgets from one project to another.

Figure II-12

Comparison of Summative and Non-Summative Projects
Percentage Allocation of Total Resource Cost
(October 1, 1973 to September 30, 1974)

Item	Summative Sites Percent of Total	Non-Summative Sites Percent of Total
Personnel	*76.0*	*75.0*
Project Staff	59.0	59.0
Non-Project:		
Professional Services	14.0	14.0
Non-Professional Services	3.0	2.0
Non-Personnel	*24.0*	*25.0*
Travel	7.0	6.0
Space	6.0	5.0
Consumable Supplies	7.0	8.0
Equipment	1.0	3.0
Other	3.0	3.0
TOTAL:	*100.0*	*100.0*

The local project administration determined the resource mix which best served the needs of the project's client families. These administrative judgments are a critical determinant of intra-budget allocation patterns. The fact that there were several distinct patterns of resource allocation suggests that alternative service models were being used in different projects. A high ratio of administrative staff to home visitor staff should result in more intensive training and supervision of home visitors and greater success in obtaining community contributions than would occur where this ratio is low. Differences in the specialists/home visitor ratio should result in variations in the special services received by project families (medical, dental and psychological services, job counseling and legal aid) and in variations in the specialized training received by home visitors. How resources are allocated within a local project's budget clearly will be affected by the type of service model the project has chosen to use.

Another cause of the variations in intra-budget spending patterns was site-to-site variation in salary scales. Salaries of home visitors and project administrators differed substantially from one site to another. A part of this difference is the result of regional variations in the cost of labor. This, however, was not the only determinant of site-to-site differences in salary scales. Another difference may be that some of the local projects paid higher salaries because they hired more experienced, more educated and therefore most costly staff.

Figure II-13 presents Federal expenditures per family and total resource cost per family for the six summative sites, the ten non-summative sites and all sixteen sites. For the October 1, 1973 to September 30, 1974 period, average federal expenditure per family was $1,470 and average total resource value per family was $1,746. Site-to-site differences are large enough to suggest that families served by low cost-per-family projects were receiving substantially smaller in-kind income transfers via the Home Start program than families served by higher cost-per-family projects.

Figure II-13

Unit Costs: Federal Expenditures and Total Resource Cost Per Family

(October 1, 1973 to September 30, 1974)

Site	Total Families	Federal Expenditures Per Family	Total Resource Cost per Family
Alabama	83	1141	1563
Arkansas	83	1251	1637
Kansas	76	1114	1325
Ohio	70	1553	1904
Texas-Houston	64	1539	1881
West Virginia	139	1311	1657
Average Six Summative Programs	86	1318	1661
Alaska	51	1786	2505
Arizona	63	1861	2205
California	65	1363	1695
Massachusetts	55	1728	1924
Nevada	69	1444	1964
New York	72	1236	1684
North Carolina	58	1287	1414
Tennessee	76	1395	1645
Texas-TMC	86	1051	1344
Utah	73	1281	1594
Average Ten Non-Summative Programs	67	1443	1797
Average all programs	74	1396	1746

III

PROGRAM ANALYSIS

This chapter addresses a number of issues related to the operations of the Home Start projects.

The first issue addressed in this chapter concerns the length of time Home Start families received program services. The analyses provide a framework for findings reported in Chapter IV regarding the impact Home Start had on families and their preschool children after one and two years of involvement in the program.

The second issue examines the types of continuing support projects provided to families who graduated from Home Start and the extent to which home visitors and families remained in contact with each other.

The third issue concerns the role of the National Office at the Office of Child Development in the delivery of services at the local project level. Discussions about the National Office support services are based on interviews with local project directors who were asked how valuable these support services were in operating their projects. Discussions are designed to assist administrators in considering the types and amount of support services to be provided by a National Office to future demonstrations such as Home Start. Impact of National Office guidance on local projects is assessed in two specific areas of project operations -- home visitor supervision and nutrition. These areas were selected for further study because of OCD's on-going concern about the adequacy of these two aspects of the program.

The future of the sixteen Home Start projects at the end of the three-year demonstration is the last issue addressed in this chapter. Examined are plans of local projects to continue operations after June.

What Was the Duration of Services Delivered to Home Start Families?

The length of time families were served in Home Start is an issue of interest to home-based programs. This is specifically important since variations in the duration of service delivery affect not only per-family costs (which double when families are served for two years), but also the number of families the project will be able to serve. Decisions about the length of time families should be enrolled, which directors of future or existing home-based projects need to make, may involve a trade-off between serving a maximum number of families and providing maximum benefits to program participants. A project extending services for one year or less will be able to reach twice as many families as can be served in projects which encourage involvement for longer periods of time. A decision to enroll families for more than a year assumes of course that participants receive additional benefits as a result of their extended stay in the program. While this section examines how long families remained in Home Start, research findings regarding the impact of variations in service delivery duration on families and their child are not presented until subsequent sections of this report (Chapter IV).

Three questions concerning the duration of service delivery are addressed:

-- What age guidelines did local projects use in recruiting families for Home Start?

-- For what length of time were families involved in the program?

-- How long do local project directors believe families should participate in Home Start?

Discussions also focus briefly throughout this section on the research design for the Home Start evaluation which was launched concurrently with the demonstration program to determine whether and to what extent the design guided recruiting procedures used by local projects and consequently influenced the length of time families were served.

Discussions are based on Home Start Information System data covering the second year Home Start was in operation (October 1, 1973 through September 30, 1974). Information also was drawn from interviews with local project directors which were conducted in the fall and spring of the demonstration's final year.

Age Guidelines for Recruiting Families

Guidelines for Home Start limited participation to income-eligible families with at least one three-,four- or five-year old child. Children could be served until they reached kindergarten age or the age of six in areas where such programs were not available. Most of the families ceased their participation in Home Start at that time unless the focal child had a younger sibling who was three or four when the child graduated from the program. The presence of a younger sibling in the home enabled families to remain in Home Start until the younger sibling reached school-age or the family or staff decided that the family was no longer benefiting from their involvement in the program.

Since the Home Start Guidelines placed some restrictions on projects regarding their recruiting efforts, the age of the focal child upon entering the program influenced to a large extent the length of time families could participate in the program. Generally speaking, a family with a three-year old child would be able to be involved in program activities for up to two years in areas with public kindergarten. The same was true for four-year olds in areas where children were not graduated until they reached age six. Guidelines for entering focal children varied from county to county in two of the Home Start projects based on the availability of public kindergarten in each of the areas. In a third project, recruiting guidelines also varied to insure that Home Start was not competing with Head Start for eligible children in specific communities.

An examination of Information System data shows that in the fall of 1973[1] over half of the Home Start families enrolled at that time (60%) recently had been recruited for the program. The number of new families who joined Home Start in the fall of 1973 varied considerably from project to project. In Ohio, all but about a quarter of the families were new recruits (73%); new family enrollment in Alaska, on the other hand, was only 9%.

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[1] At the end of the September 30, 1973 quarter.

About half of these new families (42%) had a three-year old focal child so that they could be served for two years unless the family transferred the child to another preschool or day care program, moved away from the service area or dropped out for other reasons.[1] The remainder of the entering focal children were four years of age and could be involved in program activities for either one year or two. Most of the projects (10)[2] enrolled families with a three- or four-year-old; eight of them appeared to give preference, however, to younger children. The decision to recruit four-year-olds frequently was based on the family's need for home-based services or because an insufficient number of three-year-old children were available to bring project enrollment to 80 families as was required by the Guidelines. Arkansas and Alabama enrolled primarily four-year-olds most likely because kindergarten programs were not widespread in these rural areas. Three other projects (Alaska, Kansas and Ohio) limited their enrollment to families with three-year-olds.

The recruitment guidelines adopted by local projects were consistent with the research design for the Home Start evaluation which required the focal child to be of an age that would permit the family to remain in the program for two years. This was not only true in the six summative projects where the design was applicable, but in the other projects as well.

How Long Did Families Remain in Home Start?

Determining the length of time families were served by Home Start is complex, especially since reports from local projects regarding this issue were frequently incomplete or inconsistent with earlier information that was supplied. To provide a general picture regarding the duration of service delivery to families, data from the second year of Home Start were examined for the thirteen projects for which data were available to determine the length of time families enrolled at the end of the September 30, 1973 quarter had been involved in the project after one year.

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[1] Reasons for families' leaving the program are presented in Table III-1.

[2] Information from the Arizona, Houston and Texas-TMC projects were not included in these analyses because of incomplete quarterly Information System reports.

In arriving at a profile regarding service delivery duration, the assumption was made that families who joined Home Start in the fall of 1973 and were still enrolled after one year (on October 1, 1974) would continue to participate in program activities for at least a portion of the next program year.

Given the fact that a large number of new families entered the program in the fall and that about half had a three-year-old child, one would expect that roughly 50% of these new recruits would be served for up to two years until the child was eligible for kindergarten. A review of Information System data at the end of one year shows that this was the case. Of the 546 new families who enrolled in Home Start in the fall of 1973, about half of them (47%) were still involved in program activities after one year. Most of the remainder of the families had dropped out of the program during the summer months when the heaviest family turnover occurred. The reason why so many of the new recruits did not stay in the program for more than a year was caused by the large number of four-year olds the projects recruited during the fall of 1973, many of whom were enrolled in kindergarten at the end of one year.

The percentage of families recruited in the fall of 1973 who remained in the program for more than a year was considerably higher in the summative projects (66% compared with 29% in non-summative sites). This finding indicates that summative projects were influenced to a greater extent by the research design which required newly enrolled families to be served by the program for two years (or at least 19 months). Other projects were more flexible in making decisions about the length of time families were to be involved. Nevada recruited primarily three-year olds for the project and encouraged families to enroll in Head Start after one year to provide the focal child with considerable socialization prior to reaching kindergarten-age. Specific information regarding the duration of service delivery is presented in Table III-2.

Caution should be used when interpreting the findings presented above since it cannot be assumed that new fall 1973 family recruits remained in the program for 19 months to two years simply by the fact that they were still enrolled after participating in the program for one year. For example, of the 282 families who had already been involved in program activities for from 10 months to a year in the fall of 1973, only 65% remained in the program for 19 months to two years before entering the focal child in kindergarten or first grade. It therefore is more accurate to say that of the new families who entered the program in the fall of 1973, only a third continued to be involved for close to two years.

There was considerable turnover of families during the course of the program year (48% of the total number of families served). Although most of the terminations occurred during the quarters ending in June and September, roughly a quarter of all terminated families left the program in the middle of the year (26%). Reasons for terminations are presented in Table III-1. To replace terminated families or to increase enrollment to required levels, most projects continued their recruiting efforts throughout the year. Of the 339 families that joined the program after the major summer recruitment, about half (47%) were still involved in program activities the following fall and were expected to continue to obtain services for longer periods of time.

Figure III-1 shows the varying lengths of time families who left the program during the year had received Home Start services. Some were involved for less than a year because of specific family circumstances or the transfer of the child to another preschool program. Others remained more than one year although they did not continue their participation until the child reached school age because the family moved or the project staff felt that the family would no longer benefit from additional services thereby providing an opportunity to involve another eligible and needy family with a preschool child.

Figure III-1

Length of Time Graduated Families Remained in Program[1]

Total Number of Families who Graduated	794
After 0-6 months	24%
After 7-12 months	29%
After 13-18 months	22%
After 19 months- over two years	25%

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[1] Based on second year Home Start Information System data.

Directors' Views About Duration of Service Delivery

In discussing the length of time families should be served, most project directors (12 of the 15 who were interviewed) indicated that they viewed Home Start as a program involving families for at least a two-year period. Only three project directors strongly felt that families should not stay in the program beyond one year.[1] Nevada had an explicit policy to serve families for one year only, as was discussed previously. In another project, staff felt that in one year the "project had provided as much as they could," implying that they expected second-year benefits to enrolled families to be minimal. This view is supported to some extent by home visitors in the sixteen projects who rated the expected behaviors of focal children and parents following graduation. As is discussed extensively in Chapter IV, the expected behaviors of parents who had been involved for less than six months and those who were served for over two years differed only slightly.

The tendency of families to "become too dependent on the home visitor" was cited by another project as a reason families should leave the program after one year.[2] The director in this project indicated, however, that different families should be served for varying amounts of time, depending on their individual circumstances.

Some quotations from local project directors suggest the need for serving families for two years or longer:

- "It takes from four to five months to get families actively involved in project activities."
- "The focal parent needs continued involvement in the project; otherwise she loses interest without the home visitor coming every week. The continued involvement is needed for the sake of younger siblings."

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[1] Only one project director indicated that Home Start should adopt a policy of serving families for one or two years, depending on family needs.

[2] The dependency issue is examined in detail following this section--the extent to which parents stayed in contact with the program after graduation and family or home visitor characteristics which appear to foster a dependency relationship.

- "The first year is primarily a start-up year. Parents are uneasy during the first year; then they begin to get involved... it takes that long to see results."

Some projects (three) indicated that all needy families should have this service for an "unlimited amount of time" or that families should be served "as long as there are three- to five-year-old children in the home." Aside from increasing per-family costs such a policy would be viewed as inconsistent with the Home Start philosophy. Home Start was designed as a "parent-oriented" program, rather than one focusing primarily on focal children as is done in center-based programs. After two years of involvement in the program, parents should be able to undertake an effective "parent-as-educator" role with younger siblings without the aid of a home visitor or other program support. Although a number of projects (two) would have liked to extend service beyond two years, most directors agreed that "it seemed only fair to move to another family after two years given the limited resources" that were available for project operations during the three-year demonstration.

Summary

Although most of the local project directors agree that families should be served for longer than one year (preferably two years or more), this was realized for only a third of the families served. Age guidelines used by local projects for recruitment of families appear to be consistent with this two-year goal; most gave preference to families with at least one three-year-old child. Two projects enrolled primarily four-year-olds because kindergarten programs are scarce in the areas they served, and families were able to remain in the program until the focal child turned six. Only one project had an explicit policy of serving families only for one year. Duration of service delivery to families varied considerably from project to project. Summative projects on the whole served a greater percentage of families for over one year, indicating that the research design for the Home Start evaluation influenced the length of time families were involved in the program to some extent.

What Type of Continuing Support Did Projects Extend to Families After They Graduated From the Program?

Ideally, graduation from the program reflects the family's competence in their role as educators of their own child, in using community services to help meet the child's and family's needs, and in providing them with a stimulating home environment. As was discussed in the previous section this was not necessarily the case since about two-thirds of the families had been receiving Home Start services for only one year or less which, according to project directors, is insufficient time for achieving results with families. It is important, as a result, to determine how families reacted upon graduation and what continued support, if any, projects provided to former project participants following graduation.

One of the characteristics of most service delivery programs is that some form of dependency is likely to occur. In a program like Home Start, for example, families may have come to depend on home visitors to make referrals to social service agencies in the community or to provide transportation enabling them to keep appointments and obtain needed services. While the goal of Home Start was to help families gradually to become more independent and capable of making these types of arrangements themselves, some dependent relationships may have existed. This section examines whether this was the case and to what extent the family and home visitor kept in touch during the course of the three-year demonstration.

Discussions are based on self-administered questionnaire data from all home visitors and interviews with project directors in sixteen Home Start sites. While home visitors answered very specific questions about their families who had graduated, directors addressed more general issues--their projects' policies towards graduating families and their impressions of how families in the past reacted to their graduation.

Home Visitor/Family Contact After Graduation

During the course of the three-year demonstration, all sixteen projects reported having had some form of contact with families following graduation. Although over half of the families which left the program were in contact with their home visitors (55%), contact was minimal (an average of once or twice per family). As is indicated in Figure III-2, 70% of the contact was initiated by families and the most common communication between home visitors and their families were informal talks, rather than requests for immediate help.[1]

Comments from home visitors explain the continued contact they had with their families. They noted, for example, that not all contacts were made by telephone. In the smaller and more rural communities, it was not unusual for families and home visitors to "bump into each other" at the market or in church. Conversations were friendly, with both home visitors and families expressing interest and concern about how each was doing. Some of the mothers and home visitors developed personal friendships and saw one another socially. Other projects reported that families would "check-in" periodically to say they were "doing fine" and relate their progress and successes. In California, some parents showed a continued interest in Home Start and called "to see if they could help the program in some way."

The second most frequent contact families had with their home visitors was to request immediate help in getting services from community agencies. Most of the contact home visitors in Ohio and Texas-TMC had with families was of this nature. One explanation for this occurrence is the fact that both projects served a sizeable number of Spanish-speaking families who needed continued assistance with language. Ohio home visitors were in contact with their families an average of two or three times following graduation, with continued home visitor-family contact being slightly higher in the Texas-TMC project (three to four times per family).

When asked whether the frequency and kind of contact had changed over time, more than half of the home visitors (56%) indicated that it had not. Most contacts were social and informal or of a personal nature and these kinds of contacts are not likely to decrease. Home visitors who indicated a decreasing contact with their families reported various reasons for the change. Some decreases were due to families moving away from the target area; most of the contact

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[1] The questionnaire asked about five types of contact: (1) informal and not very often, (2) needed immediate help, (3) wanted to discuss another family's needs, (4) were having trouble getting help from a community agency, and (5) just wanted to talk.

Figure III-2

Home Visitor Contact With Former Home Start Families

	# Families left Home Start	# Families Contacted Home Visitor	% Contact Initiated by		Most Frequent Forms of Contact	# Total Contacts	# Typical Family Contacts
			Parent	Home Visitor			
Alabama	58	41	50	50	Informal talk	67	1-2
Alaska	42	23	60	40	Informal talk	37	1-2
Arizona	37	12	10	90	Informal talk	15	1-2
Arkansas	91	58	80	20	Informal talk	87	1-2
California	86	34	50	50	Informal talk	56	1-2
Kansas	34	18	95	5	Informal talk	39	2-3
Massachusetts	114	57	100		Wanted to talk	89	1-2
Nevada	33	12	75	25	Wanted to talk	36	2-3
New York	57	38	55	45	Informal talk	81	2-3
North Carolina	46	27	65	35	Informal talk	55	2-3
Ohio	35	13	80	20	Immediate help talk	29	2-3
Tennessee	45	31	95	5	Informal talk	50	1-2
Texas-Houston	40	19	90	30	Informal talk	27	1-2
Texas-TMC	26	8	85	15	Immediate help agency	23	3-4
Utah	85	54	70	30	Informal talk	78	1-2
West Virginia	38	36	70	30	Informal talk	76	2-3
Total	867	481	70%	30%	-	851	1-2

lessened, however, because families became "more secure in doing for themselves," as one home visitor in Arkansas pointed out. Families became involved in other groups, developed new interests and made new friends. Often a specific need or question had prompted a telephone call to the home visitor and when it was dealt with the contact ceased. "The family did not need me anymore," an Alaskan home visitor recalls. "They were able to work out their own problems and were more able to cope."

Continued contact with the home visitor varied considerably from family to family. As a home visitor in Tennessee explained, "some families are a little more dependent than others and need a little boost of confidence more often." Family contact varied as well from home visitor to home visitor. Those home visitors who had taught parents to be independent and to use their own resources had the least amount of contact with families following graduation. According to one director, parents served by a home visitor who provided more assistance than necessary were more reluctant to leave the program and continued to be in frequent touch. Most project directors agreed that "if the home visitor had a need to have people need her, this fostered dependency and discouraged families from becoming self-sufficient."

Often an inexperienced or new home visitor who was unsure of herself would build dependencies to meet her own needs, although the dependency lessened as she became more confident. The director in West Virginia told her home visitors to remember that "once you are gone what is that family going to do if you have done everything for them?"

Dependencies were not always created by home visitors' need to be needed, however, but were rather the result of specific family characteristics, the project director in North Carolina pointed out. "A mother who had always been very dependent on her husband might transfer that dependence to the home visitor." This was something home visitors had to be aware of.

Some home visitors found it difficult to say "no" to graduated families when they were asked for assistance. To prevent home visitors from getting overloaded, which would jeopardize their work with enrolled families, two different approaches were taken. In Kansas, the director told home visitors that "it was okay to give a family information," directing them to an appropriate community agency, "but you should not assume responsibility for the families' problems." In Texas, the project director, rather than home visitors, became the contact person for graduated families if they had problems.

It frequently was very difficult for home visitors to differentiate between need and dependence. In the area of transportation, for example, many home visitors drove families to clinics and social service agencies because the family had no other way to obtain the services. While meeting family needs, home visitors also were creating dependency because they were not teaching parents to make their own and other arrangements. Experience, awareness and skill taught most home visitors to deal with needs and dependency appropriately.

Support To Be Provided to Graduated Families After June

Although family-home visitor contact following graduation was minimal and primarily of a social nature, fifteen of the Home Start projects had made some plans to provide continued support services to families at the end of the three-year demonstration program (as is indicated in Figure III-3). Since most staff were unsure about the future of their Home Start project, ten sites had or planned to refer families to appropriate community agencies which could provide some type of continuing support. Some families were referred to church groups or community organizations because staff felt it was important for them to "find some other group they could hook up with." Parents in Arizona would garner support from local tribal chapter activities, while some families would also be able to call on their former home visitor. In three projects -- Arkansas, Massachusetts and Texas-TMC -- parents were likely to form independent parent groups themselves to give each other support and to help out with transportation problems.

A number of projects referred families to other preschool programs, such as Head Start or day care, if the child was going to be too young to enter kindergarten or first grade in the fall. Some children, starting school in September, also were referred to special summer programs.

Other means of staying in touch with graduated families or providing support included distribution of a newsletter to former Home Start parents in Alabama, and conducting a crafts workshop in North Carolina. In addition to referring families to other agencies, home visitors in Massachusetts made sure that all families had all the referral information they needed, so that they could make arrangements on their own.

Figure III-3

Project Plans to Provide Continuing Support to Graduated Families

Site	Referrals to other Agencies	Home Visitor Available for Calls	Parent Groups	Other
Alabama	X			X
Alaska	X			X
Arizona		X		X
Arkansas	X		X	
California	X			
Kansas				
Massachusetts	X		X	X
Nevada				
New York	X			X
North Carolina	X			X
Ohio	X			X
Tennessee	X			X
Texas-Houston				X
Texas-TMC	X		X	X
Utah				X
West Virginia				X

Most projects did not see a great need to provide continued support services to families. As one project staff member indicated, "if we have done our jobs well, parents don't need continued support."

Summary

Contact families had in the past with their home visitors was only minimal. The most common communication was informal, although some contacts were made by families to request immediate assistance in obtaining services from community agencies. Most directors agreed that maintaining some type of contact with families was all right, as long as the relationship between the home visitor and family was not dependent in nature.

Frequency of contact varied, not only from family to family but also at the home visitor level. Some home visitors simply maintained more contact with their families. This suggests that a few dependency relationships were created during the course of the program. One home visitor characteristic which directors feel fosters dependency is "their need to be needed by their families."

Almost all of the projects had made some plans for providing continued support to families graduating in June, at the conclusion of the three-year demonstration. A number of families were referred to various community organizations, while some parents planned to form their own parent groups to provide each other with support.

What Role Did the National Office Play in Program Implementation at the Local Level?

During the three-year demonstration, the National Office of Home Start provided a wealth of support services to local projects. As Home Start Director, Dr. (Ruth) Ann O'Keefe points out, these efforts were aimed at making Home Start a "model" not only for the home-based concept but also for program administration and management.

Because of the nature of programs like Home Start, it is not unusual for national presence to be felt to a greater extent in demonstration projects than in more well-established service programs. This is not only because national attention is focused on the effectiveness of the demonstration, but also because starting up a new program simply requires more support. Home Start's National Office staff was committed to making the program a success and assisting projects in any way possible in implementing the Home Start idea.

As the demonstration program came to a close, interviews were conducted with National Office staff and local Home Start project directors to find out what types of support services the Office of Child Development provided and how these support services were valued by local projects. Directors also were asked to recommend changes in National Office support services. The data were obtained primarily to assist administrators at the national level in considering what types and amounts of support services a National Office should provide to future demonstration programs.

Although it is not possible to attribute the success of the Home Start demonstration directly to the quantity and quality of support services the National Office provided, some logical inferences can be made about the impact of these services. As was discussed extensively in Interim Report VI, for example, it is not clear whether future home-based projects can replicate the achievements of the demonstration program because they undoubtedly will not have the benefit of the same kind of National Office support, such as the technical assistance and training services, to help them implement the home-based concept. Discussions presented in this section are based primarily on opinions expressed by local project directors and National Office staff, rather than on evaluations of project operations before and after the support services were provided. The impact of National Office guidance, however, can be determined in two areas of project operations -- home visitor supervision and nutrition services provided to families -- which were studied in depth during the course of the evaluation. This issue is the focus of a subsequent section of this chapter.

Three questions regarding National Office support services are addressed here:

- What support services did the National Office provide and how was this effort staffed?

- How valuable did local projects feel these support services were to their operations?

- What changes do project directors recommend in the quantity and quality of support services to be provided to future demonstration programs?

Support Services Provided and National Office Staffing

From the initiation of the Home Start program, National Office staff started to formulate plans for the types of support to be provided to local projects, based on the successes and failures of other demonstration and service programs as well as on the personal philosophies of the staff. One of the pitfalls the National Office had observed and wanted to guard against was the failure to involve parents in the basic planning for a new program. Before any projects were selected and funded for the three-year Home Start demonstration, a conference took place in which a number of Head Start parents participated to assist the National Office in program planning. Other program administration and management aspects the National Office staff felt it could improve on were in the areas of National and Regional Office of Child Development relations and National Office staff "accessibility" to local projects, providing support in the implementation of the home-based concept.

The support that local Home Start projects received from the National Office can be categorized into three types of services:

(1) Training and technical assistance - to insure complete and consistent implementation of the Home Start Guidelines; to assist local staffs in establishing quality projects; and to achieve a degree of uniformity among projects.

(2) Information exchange - to enable project staffs to become acquainted with other projects, to share information and ideas, and to observe how the home-based concept was implemented in different projects.

(3) General support - such as frequent telephone contact, assisting local projects with special problems, sharing materials of interest with project staff, etc.

In addition to these direct support services, the National Office undertook some activities from which local projects benefited indirectly. During the course of the demonstration, the National Office made a conscious effort to establish a good working relationship with Regional OCD staff so that they in turn would be maximally supportive to local projects. This was done by acquainting the Assistant Regional Directors of OCD and Regional Home Start Representatives fully with the home-based concept, the Guidelines, training and technical assistance activities of the National Office staff and recommendations that were made for project improvement. In addition, National Office staff solicited the thinking of Regional Home Start Representatives in program planning activities.

National Office staff also provided "visibility" for the Home Start demonstration and the home-based concept by sharing information with interested project operators and by inviting them to workshops and national conferences. These National Office efforts were designed to spread the word about Home Start and to achieve acceptance of the home-based approach as a viable alternative to center-based programs. Public relations activities of the National Office also were aimed at assisting local projects at the conclusion of the demonstration in their efforts to obtain funding with which to continue project operations.

As is shown in Figure III-4, a variety of mechanisms were used by the National Office to bring support services to local projects.

Figure III-4

Mechanisms for Delivering National OCD Support Services

	National Conferences	T & TA Visits	Inter-Site Visits	Written Communications	Telephone Communications
Training and Technical Assistance	X	X		X	X
Information Exchange	X		X	X	
General Support	X	X		X	X

Most of the support services local projects received were not directly provided by the National Office at the Office of Child Development since the office itself had a staff of only one full-time OCD employee - Director Dr. (Ruth) Ann O'Keefe. Because only a limited number of staffing slots were available in the Program Development and Innovation Division (of which Home Start was a part) throughout the three-year demonstration, much of the responsibility for support services had to be delegated under contract to private firms or agencies. As was discussed in the first National Case Study,[1] for example, Dr. O'Keefe was on loan from the Appalachian Regional Commission during the first couple of months of the Home Start demonstration. ARC also paid the salaries of other National Office members for about a year and a half through an OCD contract. Starting in 1973, as often is the case with demonstration programs, support services were provided through the offices of the National Area Child Day Care Association for a period of ten months, while responsibility for support services was shifted to two other private, non-profit firms during the demonstration's final year -- Children's (1st) First Inc. and Dingle Associates Inc.[2] The two firms shared offices located only a block from the Office of Child Development.

Although the support services were contracted out to several different companies during the three-year demonstration, the National Office staff remained stable--they moved from firm to firm as contractual arrangements changed. Staff viewed themselves as being part of Dr. O'Keefe's team and were known to local Home Start projects as Home Start Associates rather than as representatives of separate firms.

During the last year of the Home Start demonstration, Children (1st) First Inc. and Dingle Associates Inc. were assigned responsibility for different aspects of National Office support services. Frequently, staff from both firms were involved in providing the services, however. Children (1st) First Inc., for example, had overall responsibility for technical assistance and training, but was assisted by Dingle Associates staff in making the actual visits to local projects. Dingle, on the other hand, had primary responsibility for planning and arranging some of the national conferences and all of the regional workshops.[3]

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[1] Interim Report I, July 1972, starting on page 83.

[2] During the first year of Home Start, a number of planning and support services were provided by the Education and Development Corporation.

[3] Regional workshops conducted by Dingle Associates Inc. are not discussed in detail in this section since they were not designed to provide support services to the demonstration projects. The primary goal of these workshops was to train Regional and State Training Officers to enable them to provide quality T & TA to projects wishing to adopt the home-based option.

The National Office staff, starting out with three full-time employees, grew to a total staff of eight (six regular staff and two consultants). Not all staff spent full-time providing services to Home Start, however. Staff estimate having devoted about 60% of their time to Home Start, with the remainder being spent on another demonstration, the Child and Family Resource Program. Staff responsible for support services brought a variety of backgrounds and experiences to their National Office jobs. Most held degrees in education (ranging from Early Childhood to Adult Education) or had worked in education-related jobs. Some of the staff had training and/or program management expertise. All of the staff brought to their jobs both enthusiasm for the home-based concept and a commitment to make the program a success. "One of the real secrets of Home Start," Dr. (Ruth) Ann O'Keefe notes, "was having hard-working, capable and marvelous people around me."

Local Project Views About Support Services

The discussion of National Office support services is viewed here from the perspective of local project directors who were asked to comment on the usefulness of the various types of support they had received. Since support services were provided in a variety of ways, the interview focused on the different support mechanisms. Interview data are presented in a similar fashion, first discussing T & TA services, and then addressing the usefulness of the national conferences, the inter-site visit program, written communications, and other types of support. Where applicable, comments from National Office staff are included in the discussion to provide a more complete overview of National Office support services.

Training and technical assistance. Periodically, staff from the National Office made visits to local projects to insure that projects were implementing the national program objectives completely and consistently. Each site visit was designed to (a) evaluate the adequacy of program operations; and (b) to make recommendations (both verbal and written) for program improvement. During some site visits training and technical assistance services were provided to staff to help them implement the recommendations. During the T & TA visits, National Office staff made sure to point out project strengths, as well as suggest areas for program improvement. These National T & TA visits were in addition to visits Regional Home Start Representatives made periodically to the local projects to assist them with their yearly Home Start grant application, as well as with other aspects of project operations.

All projects received at least two T & TA visits during the three-year demonstration. All projects were visited during the first year of Home Start, although no site visits took place during the first six months of program operations.

According to Dr. Jim Gage, Acting Director of the Home Start program,[1] this was a conscious decision to give projects an opportunity to start operations without National Office interference. Project directors and Dr. Gage agree that perhaps visits should have been made during this start-up period since many projects became operational without clearly understanding the Home Start Guidelines. As early evaluation findings and reports from the T & TA visits indicate, for example, home visitors in many projects were directing the home visit to the child rather than to the parent, who was supposed to be the primary focus of program activities. The subsequent T & TA that was provided to local projects resulted in a marked shift in the home visit emphasis which now includes more parent-oriented activities, as was discussed in Chapter II of this report. As one project director noted, staff could have used more guidance during the start-up phase of the project to "help them make the Home Start concept work."

T & TA visits continued into the final year of the demonstration program, with almost all projects being involved in T & TA activities. Some projects indicated that the final year visits had less impact on project operations and were not as useful as T & TA services that were provided during previous years. They clearly saw a decreased need for such visits and support services because the projects were better established.

All but one of the project directors[2] indicated that the T and TA visits overall had been either extremely or moderately useful. Comments from projects that termed the T & TA visits extremely useful ranged from "it was good for staff to talk to outsiders and to get positive feedback from the National Office" to local project staff noting that the National Office had given them factual information regarding project weaknesses and had provided reinforcement for project strengths. Most of the projects (10) agree that the T & TA visits resulted in some improvements in the quality of their projects. However, only six projects indicated that the T & TA activities had changed the basic nature of project operations. In these projects, National Office guidance had an impact on:

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[1] Dr. Gage took over responsibility for the Home Start demonstration program in April of 1975.

[2] This project felt negative about the T & TA visits because they had been poorly organized. The criticism the project received from the National Office was considered unjust and inaccurate by project staff.

- the amount of parent involvement;
- the orientation of home visits from a child to a parent focus;
- staffing patterns and responsibilities (guidance caused the resignation of at least one director); and
- project organization.

Projects which rated the T & TA visits only as moderately useful had expected "more" from the visits. One of the directors mentioned, for example, that staff "would have liked more training services on site rather than having National Office staff simply point out problems." It should be noted that the site visits originally were designed by National Office staff not as a means to provide T & TA but to assess project quality and the extent to which the Home Start Guidelines were being met. Since some National Office staff provided T & TA services during their on-site visits, project directors had similar expectations for subsequent visits. It is clear that the quality of the T & TA services varied from project to project as a result, depending on which National Office staff member conducted the visit. As one director pointed out, for example, some National Office staff were not always able to provide focused guidance regarding specific problem areas during the visits. This was primarily the result of varying experiences and T & TA skills of National Office staff. Especially during the initial visits, project directors felt that National Office staff sometimes were unable to make realistic and useful recommendations for program improvement and to provide meaningful T & TA services because some were still unfamiliar with many of the operational aspects of home-based programs.

In addition to T & TA services provided during on-site visits, the National Office staff arranged for some special visits to local projects to provide specialized training support. Training support was provided either because National Office staff felt that the local project would benefit from such services or because projects specifically requested them. A T & TA site visitor, for example, who identified a need for improvements in a project's health component, may have made arrangements with a specialist in health services to assist the project with the implementation of National Office recommendations. All but six of the Home Start projects received at least one such training visit during the three-year demonstration.

As part of the T & TA support services, the National Office sent out periodic communications to all local projects urging action in specific program areas to improve project operations, based on evaluation findings. For example, a memorandum was sent to projects to inform them of the nutrition findings reported in Interim Report V and to suggest that projects increase nutritional activities to improve the diets of focal children.

The impact of National Office guidance in the area of nutrition is reported in a subsequent section of this chapter. More than half of the projects (nine) viewed the materials as only moderately useful because, as one director commented, "we were already aware of changes that needed to take place."

Local projects generally felt very positive about the T & TA services the National Office provided. For future demonstration programs they recommended: (a) an increase in the number of T & TA visits during start-up operations and a decrease in such support services as projects become better established; and (b) an examination of National Office staff background and experience to determine whether the mix of skills is appropriate for meeting the T & TA requirements of local projects.

National conferences. During the three-year demonstration, four national conferences were conducted by the National Office -- one at the start of the demonstration and yearly conferences thereafter. As Dr. (Ruth) Ann O'Keefe points out, the National Office staff's plans did not call for yearly conferences. The first conference was designed as a big "kick off" for the Home Start program and to help projects in their planning. That conference, as well as subsequent ones, also provided a leadership role for people who had been conducting home-based programs, giving recognition to the work they had done. Following the first conference, plans were made to conduct them yearly since "they seemed an excellent way to help programs learn from each other ...," notes Dr. O'Keefe.

As was indicated in Figure III-4, the purpose of the national conferences was multi-faceted. Comments from project directors, when asked which aspects of the conferences they had found most useful, reflect the conferences' diverse nature. Nine of the ten directors who provided specific comments regarding the conferences mentioned the T & TA and information exchange aspects. Some also noted the more general types of support services which the National Office had provided at the conferences.

In the area of T & TA services provided at the conferences, one project director indicated that conference sessions helped us "know more directly National Office hopes and expectations and to get a better idea of how to implement the home-based concept." Another director stated that the most important thing for her staff was "being exposed to people who were leaders in child development and parent involvement and participating in specific workshops."

The conferences also provided a mechanism for information exchange between projects, for "obtaining new ideas and for sharing ideas," one director noted. Four projects mentioned as the most useful aspects of the conference the general types of support they received from National Office staff. "The conference helped us feel part of an important national effort," one director indicated. Others noted that they "got reinforcement for what staff were already doing." It made projects "feel more part of the National Office, and OCD became more accessible as a result."

Although each conference was designed to provide the three types of support services, the focus of each of the four conferences was different. Some included workshops for parents and home visitors; at others series of workshops were conducted for Regional Home Start Representatives to enable them to assist Head Starts in the implementation of the home-based concept. A few of the conferences focused only on Home Start concerns, while others concentrated on the program operations of Home Start as well as those of another demonstration, the Child and Family Resource Program. The final conference on the other hand was designed to acquaint project operators with the home-based concept and to spread the word about Home Start.

Opinions of local project directors varied considerably about the yearly conferences, depending on its focus. Some directors felt that the 1975 conference had been more useful to their staff than previous ones because it addressed numerous specific aspects of home-based program operations. In discussing the conferences, one director stated that they "did not provide us with the information we needed." Another director felt that the conferences could have been more useful if more workshops had been conducted specifically designed for home visitors and parents. National Office staff of future demonstration programs may wish to take these comments into consideration and request that local projects provide more input in conference planning to insure that project needs and expectations are met.

One director also recommended more long-range planning with regard to conferences. She indicated, for example, that if the future of Home Start was viewed as an Innovation and Improvement (I and I) option to Head Start from the initial planning stages, representatives of such projects should have been involved in national conferences throughout the demonstration period, rather than starting in 1975, a few months before the demonstration concluded. More active involvement of Head Start projects during the course of the demonstration might have aided local projects in their efforts to obtain funding to continue project operations, with more Head Start projects expressing a willingness to adopt the home-based approach using some or all of the local Home Start project staff.[1]

Inter-site visits. In addition to conducting yearly national conferences, funds were made available by the National Office to enable local Home Start staffs to visit other projects. The purpose of these site visits was to provide an interchange of information between projects -- to discuss common problems, to get new ideas, and to observe how projects took different approaches to service delivery. All sixteen Home Start projects participated in the inter-site visit program, with the typical project sending seven[1] staff to other projects over the three-year period. Project directors reported that a total of 142 site visits were made by staffs from the sixteen projects, most of whom (68%) were home visitors. A few staff members were able to make more than one inter-site visit.

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[1] The continuation of the Home Start projects is discussed in more detail in a subsequent section of this Chapter.

Ten of the sixteen projects indicated that the inter-site visits had been extremely valuable to staff. During the visits, home visitors "got to watch home visits and got confidence from seeing other home visitors doing similar things with their families." The visits "broadened the experience of local staff," indicated one director. They also enabled staff to contrast services available in different communities and programs. "It was good for staff morale," the director stated, "because staff felt that they were doing more in their own community with fewer resources."

In some projects, the visits resulted in some improvements in local project operations, including implementation of some of the new ideas obtained by visiting staff. One project "completely changed the lesson plans and ways of presenting them to parents," as a result of the inter-site visit. Another project adopted the use of parent guides and revised their curriculum on the basis of new ideas and innovative uses of in-home materials they had observed in another project. Changes that were implemented in other projects were more organizational in nature -- the way home visitors prepared for home visits, project organization and record keeping. Inter-site visits were equally useful to projects being visited as to the visiting staff.

Projects that indicated that site visits had only been moderately useful (six) stressed the need for better planning of such visits. One project made an inter-site visit at a time when host staff were not making regular home visits. "The visit would have been more valuable," the project director indicated, "if it had been planned at a time when project operations were more typical." Another project would have preferred to visit a project that was similar to theirs and one that used the same types of community resources.

Future demonstration programs, funding similar inter-site visits, may wish to provide more guidance in planning such visits in order to make them more effective. The selection of a project to be visited could, for example, be tied in more closely with the T & TA visits. A project operating a nutrition component that needs improving may wish to send staff to a project that maintains an effective nutrition program and uses a variety of innovative techniques to deliver nutrition education to families.

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[1] According to National Office staff, funding was provided for only three or four inter-site visits per project, rather than permitting seven staff members to make such visits as project directors indicated.

Written communications. A variety of written materials which the National Office felt might be of interest to project staff were sent to the projects. Most of the projects (11) indicated that they had used the materials; one noted that only some of them had been useful; while four said that they had not put the materials to use. Figure III-5 shows the types of materials projects found useful and how the materials were used. The most frequently mentioned materials that were helpful to staff were: (a) articles, papers, and clippings on child development; (b) materials on health and dental services; and (c) recipes and booklets relating to the nutrition component. Most of the materials were used for staff training purposes, some for the general program so that staff could order films, books and materials, and the remainder in parent groups or the home visit.

Figure III-5

Use of Materials OCD Sent to Local Projects

	# of Projects that Used Materials for:		
Type of Materials	Staff Training	General Program	Parents
Child Development articles, papers, clippings	6	1	2
Health/Dental Component brochures & information	4	3	2
Nutrition Component recipes, Guide to Good Nutrition, brochures	3	2	2
Education Component Captain Kangeroo guides/ curriculum; information on educational activities and toys	3	-	2
Safety	2	1	1
Guide to Home-Based Programs	2	1	-
Misc. Training Materials	2	-	-
Film Brochures/Reviews	-	1	-
Directory of Home-Based Programs	-	1	-
Fact Sheet on Home Start	-	1	-

While these materials were valued by local projects, one director suggested that the National Office prepare a periodic newsletter about Home Start to provide a more frequent interchange between projects highlighting innovative approaches taken toward service delivery and problem solving.

Other support services. When asked whether the projects had received any other types of support services from the National Office, five indicated that they had. One project mentioned that the National Office had been very influential in getting the Regional Home Start Representative involved with the program which resulted in a good working relationship between the region and the local project. Other projects noted the good telephone contact they had with the National Office and that they had always "felt free to call on them."

Only two projects mentioned the consultant services they had received through a shared Head Start/Home Start contract with the American Academcy of Pediatrics. Representatives from the Academy were to visit projects periodically and assist them with their health component. Both projects expressed some dissatisfaction with the services they had received from the Academy. Specifically, they felt that Academy representatives were unfamiliar with the Home Start program and as a result made recommendations which were frequently unrealistic. Projects had already identified weaknesses in their health component and didn't feel these weaknesses had to be amplified. Instead, projects would have welcomed more assistance in improving the health component and in locating community resources that could help meet the health needs of families and focal children.

In general, the National Office was viewed by most of the sixteen projects as having been "very supportive" during the three-year demonstration. As one director noted, "they have done a tremendous job in positive reinforcement and were extremely responsive to our needs."

The three projects, rating National Office support as only moderately supportive, indicated that there had been only a limited interchange between the local project and the National Office. One project pointed out the distinction between being supportive and providing assistance. While the National Office was supportive in terms of morale, they were only moderately so in other areas such as training and technical assistance services, the project pointed out. Some projects felt that the National Office could have done more and provided more services than they had during the three-year demonstration.

Recommendations for future demonstration programs. At the conclusion of the interview, project directors were asked to make recommendations regarding National Office support services that should be provided to future demonstration programs.

Their comments and general recommendations for improving the support services are summarized below.

T & TA Support Services:

- increase on-site visits during the start-up phases of the program with a possible decrease in such visits when projects become more established.
- offer more training support services to assist projects with pre- and in-service training of home visitors and other staff.
- make sure the National Office is staffed with personnel who have the appropriate education and experience to provide quality T & TA to projects. Also insure that consultants are acquainted with the program, so that they can make realistic recommendations for program improvements and provide more assistance in their implementation.

Information exchange:

- provide more guidance to projects in terms of inter-site visits so that the visits become more focused and beneficial to visiting staff.
- prepare a periodic newsletter highlighting problems projects are dealing with, innovative solutions, etc.

Other support services:

- obtain more planning input from local projects to make sure their needs are met at national conferences.
- place more long-term emphasis on refunding possibilities before the end of the demonstration.
- maintain more contact with grantee agencies and Head Start projects which might have assisted projects in locating additional funding to continue project operations.

Summary

During the three-year demonstration, the National Office played an active role in program implementation by making T & TA services available, by facilitating an information exchange, and by providing other types of support services. Without the strong guidance the National Office provided, projects would undoubtedly not have implemented the Guidelines or the home-based concept as fully and consistently. Support services were valued tremendously by local project staffs.

National Office staffs of future demonstration programs should acquaint themselves with the work of the Home Start National Office staff and plan on providing all or at least some of the same types of support services to local projects. It is clear from comments from local project directors, however, that some improvements can be made in National Office support services to better meet needs of local project needs.

What Impact Did National Office Guidance Have in the Areas of Home Visitor Supervision and Nutrition?

In the course of the Home Start demonstration, the National Office used evaluation findings to suggest areas in which projects could use increased guidance. Two such areas were home visitor supervision and nutrition. A profile of field supervision of home visitors was presented in the Program Analysis section of Interim Report V and findings on the nutritional status of Home Start children were presented in the Summative Evaluation volume of Interim Reports IV and V. The sections below discuss the National Office's reaction to those data and their effect on local projects.

Home Visitor Supervision

Supervision of home visitors was a topic of concern to the National Office throughout the Home Start demonstration. Data on home visitor supervision in the field were presented in Interim Report V; at that time, the National Office staff were concerned that home visitors were insufficiently supervised and, through the national Home Start conference and site visits, suggested increased emphasis on supervision. The data reported here were collected to gauge the effects of that guidance as well as to gain a more comprehensive picture of home visitor supervision, both in the field and in the office.

In general, time spent on supervision of home visitors didn't change significantly since spring of 1974. This is partially because the data reported in Interim Report V reflected only field supervision which is only one aspect of home visitor supervision. Large amounts of time were spent supervising home visitors in the office and deficiencies in field supervision were often compensated by these methods. Thus, many projects actually had more adequate supervision than had been reported. These projects did not place more emphasis on supervision, since they felt their home visitors were sufficiently supervised. Other projects were constrained by lack of personnel available to do field supervision; these projects tended to do more non-field supervision, as mentioned above, and could not respond by beefing up field supervision. The following discussion treats these two aspects of supervision separately, describing each in more detail and noting any changes which have occurred since last spring, after a preliminary discussion of supervisory personnel.

Supervisory personnel. Several different combinations of supervisory personnel were used in Home Start projects, as shown in Figure III-6. In seven projects, one staff member, who also acted as director or coordinator, took on the entire supervision task. In several others, the director or coordinator was assisted by another staff person, often the education or social service coordinator. Several programs had staff whose major responsibility was to supervise home visitors. In West

Figure III- 6

Supervisory Personnel

SITE	No. of Staff	SUPERVISORY PERSONNEL
Alabama	1	Coordinator
Alaska	7	Coordinator, Head Start Head Teacher, Health Aide, Admin. Asst., Home Visitors
Arizona	3	Coordinator (Before 1/75, also 2 field supervisors)
Arkansas	7	2 Supervisors, Assistant Director, Speech & Language Specialist, Medical Specialist, Nutritionist, Director
California	2	Director, Social Service Supervisor
Kansas	1	Director
Massachusetts	1	Director
Nevada	2	Supervisor/Coordinator, Education Specialist
New York	1	Deputy Director
North Carolina	1	Director
Ohio	3	Support Coordinator, Education Coordinator, Program Coordinator
Tennessee	3	Supervisor, Nurse, Van Teacher
Texas-Houston	1	Director
Texas-TMC	2	Coordinator, 1 Home Visitor
Utah	2	Director, Education Coordinator
West Virginia	3	Field Services Coordinator, Director, Health Specialist

Virginia, there was a field services coordinator, in Tennessee, a supervisor and in Arkansas, two supervisors who each worked part-time supervising home visitors and part-time supervising a Head Start center. In some sites, each staff member was responsible for supervising all the home visitors periodically, while in others, responsibility was split among two or more supervisors. Utah Home Start, for example, had an education coordinator who was responsible for the supervision of five home visitors, while the director supervised the other three. Alaska had the most unusual system; several staff members, including the coordinator, the Head Start head teacher, the health aide and the administrative assistant, accompanied home visitors to observe and to provide a second point of view about the home visit. Home visitors occasionally acted as observers, too, resulting in a wide spread of responsibility for supervision.

Field supervision. Supervision in the field consisted primarily of home visit observations and discussions between home visitor and supervisor after the visit. In Arkansas, a supervisor mentioned four aspects of field supervision:

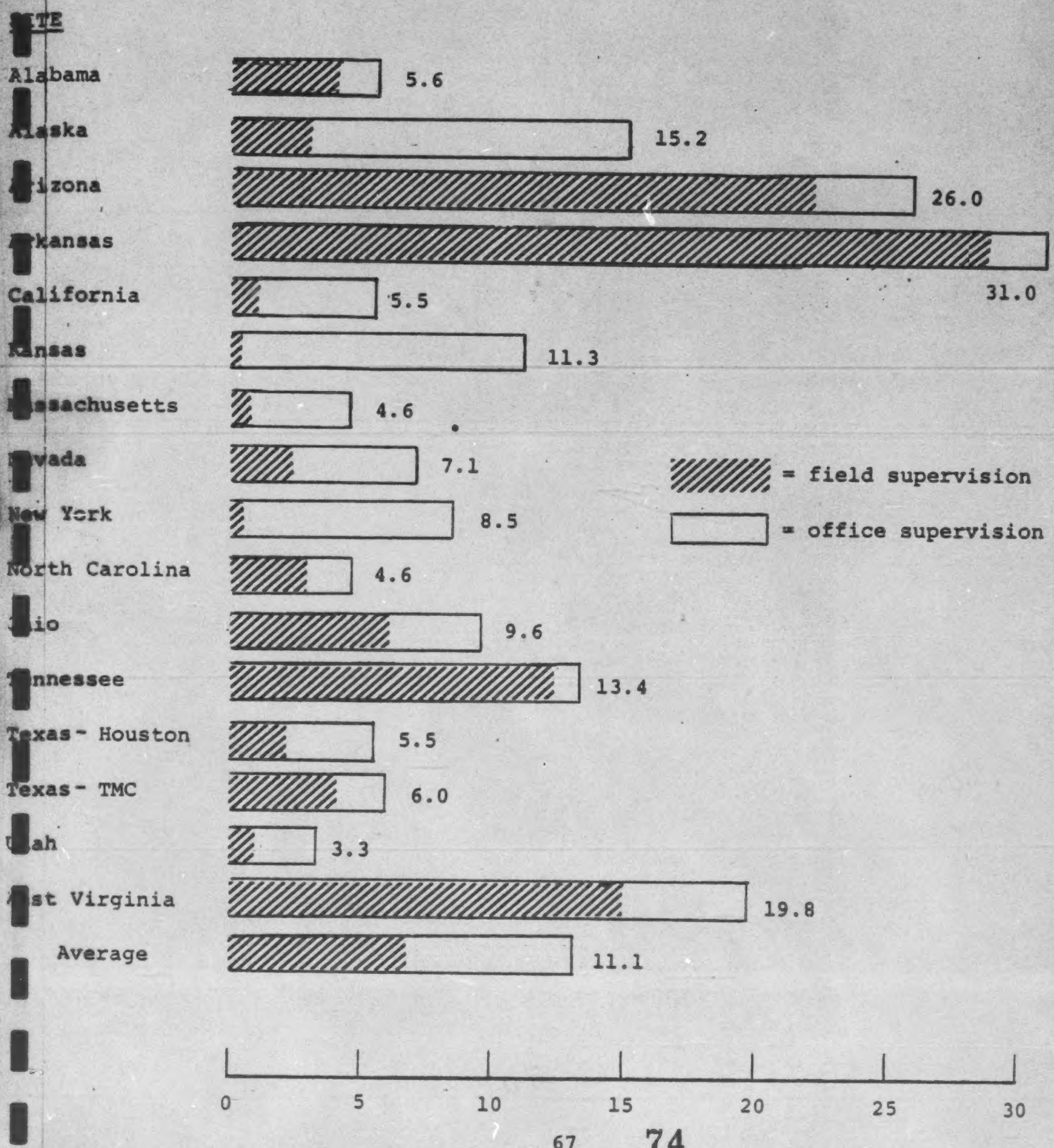
1) checking to make sure visits are taking place;
2) observing the home visitor-family relationship and home visitor effectiveness;
3) making sure the four components are being covered adequately;
4) giving the home visitor praise and assistance.

The average amount of time per home visitor allotted to field supervision was 6.5 hours a month, but the variations were more revealing. Site data are shown in Figure III-7. Kansas spent the least amount of time on field supervision, about 1/3 hour a month per home visitor, while in Arkansas, where seven staff members including two supervisors were involved, field supervision took up 28.6 hours a month per home visitor. Some of the variation can be explained by differences in staffing patterns. In Kansas, the director was the only administrative staff member, so she could not easily go on home visits. In Arkansas, as previously mentioned, there were numerous administrative personnel who were available to supervise home visitors. Another factor in the amount of supervision time spent in the field was the director's philosophy about the effectiveness of home visit observations; some felt that observed visits were not representative and thus not as valuable as other supervisory methods. In addition, the geography of the area Home Start served affected the time estimates since supervisors' travel time was included in the figure, with rural projects spending considerably more time on field supervision than urban sites.

Figure III-7

Field and Office Supervision:
Hours a Month Per Home Visitor

Spring 1975



In spring 1974, the average amount of time spent on field supervision was 4.6 hours a month per home visitor, less than the 6.5 hours reported in spring 1975. This change was mostly attributable to fairly large changes in a few sites, as shown in Figure III-8. In West Virginia, a field services coordinator was hired whose main duty was the supervision of home visitors. The director of the Texas Migrant Council Home Start reacted to National Office guidance by increasing supervision after realizing the need for more emphasis in that area. Ohio hired an additional coordinator to share supervision responsibility. Supervision time in Arkansas also increased considerably, but the director mentioned no reason for change. Only the Texas Migrant Council director actually mentioned that she felt supervision had been neglected previously; in general, directors felt supervision schedules they followed last spring provided sufficient information for supervisors and support for home visitors.

Supervision outside the home. The portion of home visitor supervision which took place outside the home complemented field supervision and, in some sites, made up the bulk of supervision. Home visitors and supervisors met, individually or in a group, to discuss visits the supervisor observed, problem families or the home visitor's personal reactions to the job. Supervision of this sort usually took place at least weekly for each home visitor. In many sites, part of this supervisory task involved reading logs kept by home visitors, detailing each family's progress and lesson plans and cross-checking records on scheduled visits, referrals, mileage traveled, etc. In this way, the supervisor could keep abreast of developments in each family, as well as making certain visits were being conducted. In Tennessee, home visitors watched videotapes made of their own home visits and had an opportunity to discover first-hand areas in which they might improve. In several sites, home visitors and even parents participated in supervision. In Houston, for example, two home visitors were responsible for checking lesson plans each week and parents sent in a checklist after each visit evaluating their home visitor. In general, a major purpose of this supervisory process was providing support for the home visitor, as well as suggesting improvements.

The average amount of time spent on "office" supervision was 4.5 hours a month per home visitor. Site-by-site data is included in Figure III- 8. As in the case of field supervision, there was wide variation, with times ranging from one hour a month per home visitor in Tennessee to 12 in Alaska. Kansas, which had the least amount of field supervision, was high in office supervision with 11 hours a month per home visitor. Similarly, supervision in New York was weighted toward office supervision which occupied eight hours a month per home visitor, in contrast to field supervision which took up half an hour a month per home visitor. In both these cases, the emphasis was due to a lack of personnel available for field supervision. This office vs. field trade-off did not hold up in all cases, however; some sites have placed more emphasis on supervision overall than others.

Figure III-8

Changes in Supervision Time: Spring 1974 to Spring 1975

Site	Field Supervision: Hours/Month per Home Visitor: 1975	Field Supervision: Hours/Month per Home Visitor: 1974 and (change)	Office Supervision: Hours/Month per Home Visitor:1975	Office Supervision: Change from 1974	Total Supervision: Hours/Month per Home Visitor: 1975	Total Supervision: Change from 1974
Alabama	4	6.5 (-)	1.6	0	5.6	-
Alaska	3.2	3.2 (0)	12	0	15.2	0
Arizona	22*	22 (0)	4	0	26	0
Arkansas	28.6	10.1 (+)	2.3	0	30.9	+
California	1	1 (0)	4.5	-	5.5	-
Kansas	.3	.2 (+)	11	-	11.3	-
Massachusetts	.66	.66 (0)	4	+	4.66	+
Nevada	2.1	1.3 (+)	5	0	7.1	+
New York	.5	.5 (0)	8	0	8.5	0
North Carolina	2.6	2.6 (0)	2	0	4.6	0
Ohio	6	1.6 (+)	3.6	0	9.6	+
Tennessee	12.4	12.4 (0)	1	0	13.4	0
Texas-Houston	2	2 (0)	3.5	+	5.5	+
Texas-TMC	4	1.5 (+)	2	0	6	+
Utah	1	1 (0)	2.25	0	3.25	0
West Virginia	15	8 (+)	4.8	0	19.8	+

*This figure is from 1/75; after that, coordinator left and was not replaced.

Although there were no data on the number of hours spent on office supervision last spring, directors were asked to indicate whether it had changed and if so in which direction. In most sites, there had been no significant change, as indicated in Figure III-8. In Houston, home visitors were supervised more in the office this spring because they spent an additional half-day a week there, providing more opportunity for interaction with their supervisor. In Massachusetts, the director had less time to supervise last spring, since she was new and had other responsibilities. On the other hand, California home visitors were supervised more last spring than now because they were newer and the director in Kansas spent more time on supervision last spring because she had fewer responsibilities. As in the case of field supervision, most supervisors expressed satisfaction with the systems they were using last spring and did not change them in response to National Office guidance.

It is also important to note that the average times mentioned do not reflect the whole situation. New home visitors were, in general, supervised more than experienced home visitors; they may have been accompanied on their first few visits by more experienced home visitors. In addition, supervision time rose in the fall because there was an influx of new families and, often, new staff; the amount of time spent on supervision was lowest in the spring, when these data were collected. Because some supervisors found it difficult to differentiate between supervision and training, some of the time estimates in the figures may contain time devoted to activities which in other sites would be considered training activities. The data must be examined in light of all these considerations.

Clearly, the question of the adequacy of home visitor supervision is difficult to address directly. There appeared to be no obvious relationship between the amount of time home visitors were supervised and the number of home visits which actually took place. Earlier in this report, the frequency of home visits were reported; these data are repeated in Figure III-9 below, along with the corresponding supervision hours per home visitor in the six summative sites. Kansas, which reported the smallest number of visits, also had the least time per home visitor spent on field supervision. However, Texas also had little supervision time, but reported three home visits per family in a month. Considering field and other supervision together similarly does not reveal a direct relationship. This analysis, of course, only addresses one of the four aspects of supervision mentioned above.

Figure III-9

Comparison of Amount of Supervision and Frequency of Home Visits

	Frequency of Home Visits per month	Hours of Supervision/ Month per Home Visitor	
		Field	Combined
Alabama	2	4.0	5.6
Arkansas	3	28.2	30.9
Kansas	1	0.3	11.3
Ohio	2	6.0	9.6
Texas-Houston	3	2.0	5.5
West Virginia	3	15.0	19.8

Nutrition

Program findings reported in Interim Report VI, based on data collected from summative sites only, indicated that in general Home Start projects were addressing the nutritional needs of families in a manner which appeared to be consistent with Home Start Guidelines. Projects scheduled various nutrition activities within home visits and group activities, but differed somewhat in their emphasis on nutritional issues, depending on local needs and priorities.

Despite these activities summative findings (Interim Reports V and VI) indicated little or no nutritional gains for focal children--as measured by the Child Food Intake Questionnaire. In response to these summative findings, the National Office issued a memorandum to all sites urging them to address the deficiencies in children's diets and to increase the level of emphasis on nutritional issues. In particular, projects were requested to increase the amount of time spent on nutrition education during home visits, as well as encourage parents to be more aware of the nutritional needs of their children. In order to determine the impact of OCD guidance on project operations, and changes which were instituted as a result, a nutrition interview was conducted at each of the sixteen sites during the spring 1975 site visits. The interview addressed three areas concerning project nutrition programs, one general:

- How did nutrition programs change from fall 1974 to spring 1975 in terms of staffing and time spent on nutrition activities?

and two specifically related to the National Office memo:

- What special nutrition activities have been added in the past six months?

- Has any additional material been added to home visitor training in nutrition?

General program changes. In general, projects did not change their nutrition program significantly since fall 1974, in terms of staffing and time spent on nutrition activities. Figure III-10 shows project staff responsible for planning and implementing nutrition activities for all sites during the fall and spring. Only three sites changed staff responsibilities regarding nutrition from fall to spring; Utah hired a trained nutritionist, the Texas Migrant project shifted primary responsibility from the staff nurse to county nutrition consultants, while the Nevada staff transferred nutrition duties from the staff nurse to home visitors.

Total project time spent on nutrition activities per week by nutrition staff (including planning, training and consulting with home visitors, direct services to families, and other activities) is reported in Figure III-11.[1] The overall average time spent on nutrition increased 22% from fall to spring. Changes from fall to spring were reported by seven of the sites. Alaska and Texas showed decreases in time spent, while Arkansas, Tennessee, and TMC increased their nutrition efforts, and Ohio's doubled. Utah staff's weekly nutrition time increased nearly six times in conjunction with the hiring of a nutritionist.

Time spent on continuing home visitor nutrition training, per month, is reported in Figure III-12. Minor changes occurred, showing both increases and decreases in time spent during staff meetings and on individual consultation. The net change, though slight, was positive and amounted to an average increase of about one-half hour per month per home visitor.

Projects reported that the primary means of direct nutrition service to families was through home visits, with parent meetings taking priority in only two sites. Nutritional issues continued to be discussed fairly regularly during parent meetings at all sites except Massachusetts; seven projects reported an increase in time spent discussing nutrition over the last six months.

Nutrition activities. Eleven projects reported a general increase in nutrition activities as a result of the memo. At these sites, increased emphasis was placed on addressing

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[1] A breakdown of time by activity can be found in Table III-3.

Figure III-10

Project Staff with Primary (and Secondary) Nutrition Responsibilities

	Fall 1974	Spring 1975
Alabama	Program Coordinator, Head Teacher/ Nutritionist (Home Visitors, USDA Consultants)	Same
Alaska	Program Coordinator	Same
Arizona	Home Visitors, ONEO Homemaker Consultants	Same
Arkansas	Staff Nutritionist	Same
California	Home Visitors	Same
Kansas	Home Visitors	Same
Massachusetts	Home Visitors, (Family Services Coordinator, Nutrition Aides)	Same
Nevada	Staff Nurse, (county Home Economist)	Home Visitors, (county Home Econ.)
New York	Deputy Program Director, Extension Service Consultant	Same
North Carolina	Program Director, Parent Coordinator, Staff Nurse, (Home Visitors, Extension Service Consultant)	Same
Ohio	Program Coordinator	Same
Tennessee	Staff Health Coordinator, (Visiting Nutritionists)	Same
Texas -Houston	(2) Social Service Coordinators, Staff Nurse, Headstart Nutritionist, Extension Service	Same
Texas-TMC	Staff Nurse, Home Visitors	Home Visitors, Extension Service Consultant
Utah	Education Coordinator, Home Visitors, Staff Nurse	Staff Nutritionist
West Virginia	Staff Health Coordinator	Same

Figure III-11

Total Time Spent by Nutrition Staff on Nutrition Activities per Week (in hours)

	Fall 1974	Spring 1975	(Change)
Alabama	3.0	3.0	(0)
Alaska	19.0	14.0	(-)
Arizona	4.0	4.0	(0)
Arkansas	6.0	10.5	(+)
California	5.0	5.0	(0)
Kansas	0	0	(0)
Massachusetts	6.0	6.0	(0)
Nevada	4.5	4.5	(0)
New York	1.75	1.75	(0)
North Carolina	16.0	16.0	(0)
Ohio	8.0	17.0	(+)
Tennessee	6.0	8.0	(+)
Texas - Houston	18.0	10.0	(-)
Texas-TMC	5.0	6.0	(+)
Utah	5.0	28.0	(+)
West Virginia	7.5	7.5	(0)
Average	7.2	8.8	(+)

Figure III-12

Project Time Spent Per Month on Continuing Staff Nutrition Training (in hours)

	STAFF MEETINGS			INDIVIDUAL			TOTAL TRAINING		
	Hrs/Mo/HV 1974	Hrs/Mo/HV 1975	(change)	Hrs/Mo/HV 1974	Hrs/Mo/HV 1975	(change)	Hrs/Mo/HV 1974	Hrs/Mo/HV 1975	Net Change
Alabama	0.5	0.5	(0)	0.5	0.5	(0)	1.0	1.0	(0)
Alaska	16.0	16.0	(0)	4.0	4.0	(0)	20.0	20.0	(0)
Arizona	1.0	1.0	(0)	1.0	1.0	(0)	2.0	2.0	(0)
Arkansas	1.5	1.0	(-)	0.5	1.0	(+)	2.0	2.0	(0)
California	2.0	2.0	(0)	0	0	(0)	2.0	2.0	(0)
Kansas	0	1.0	(+)	0	0	(0)	0	1.0	(+)
Massachusetts	0	0	(0)	0	0	(0)	0	0	(0)
Nevada	5.0	8.0	(+)	0	0	(0)	5.0	8.0	(+)
New York	2.0	2.0	(0)	2.0	2.0	(0)	4.0	4.0	(0)
North Carolina	8.0	8.0	(0)	1.0	1.0	(0)	9.0	9.0	(0)
Tennessee	2.0	4.0	(+)	0.5	2.5	(+)	2.5	6.5	(+)
Ohio[1]	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Texas-Houston	4.0	4.0	(0)	0	1.0	(+)	4.0	5.0	(+)
Texas-TMC	5.0	5.0	(0)	0	0	(0)	5.0	5.0	(0)
Utah	0	0	(0)	5.0	5.0	(0)	5.0	5.0	(0)
West Virginia	2.0	0	(-)	1.0	3.0	(+)	3.0	3.0	(0)
Average	3.3	3.5	(+)	1.0	1.4	(+)	4.3	4.9	(+)

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[1] No data were obtained from the Ohio project.

nutritional issues during home visits and group meetings, and often new "tactics" were introduced to focus families' attention on specific areas of nutrition such as the "basic four" food groups, vitamin deficiencies, etc. Increasing emphasis was placed on the role of home visitors in educating families and in making nutrition an important part of each home visit. Several sites provided a nutritious snack (apples and milk instead of soda or cookies) during home visits and group activities, as well as encouraging parents to prepare nutritious foods during parent meetings. Other projects involved home visitors in family shopping, menu planning, and assessment of family meals. Information on low-cost nutritious meal preparation, as well as charts outlining minimum daily nutrition requirements were distributed through home visitors and at parent meetings.

In addition to the general activity increase described above, several sites added new components to their programs. The Texas Migrant project instituted weekly Expanded Nutrition Program workshops conducted by the local Agricultural Extension; West Virginia held a one-day nutrition workshop as well. The Utah project set up diet and exercise classes for Home Start mothers.

Five projects (Alaska, Arizona, California, Massachusetts, New York) reported no change in nutrition activities in response to the memo. Of these, the Massachusetts staff felt that the memo was not relevant to local needs, as poor nutrition was not a problem among their focal families, and that they "were not the people to go in and tell someone how to eat." In New York staff indicated that their nutrition program was already a strong one and saw no need to modify their efforts; California staff reviewed and evaluated their nutrition program in response to the memo, but considered their current efforts in nutritional areas sufficient.

Nutrition training. In regard to the use of additional materials in home visitor nutrition training, more than half of the projects (nine) reported no change in response to the memo. The remaining seven projects did use additional materials on specific nutrition topics (such as nutritional components of various foods) obtained from Head Start projects, the Dairy Council, and Agricultural Extension Services. Often these materials were subsequently distributed to parents during home visits and parent meetings. The Texas Migrant project reported an increase in use of visual aids in training, while the Utah project encouraged its home visitors to enroll in a family nutrition course at the local university.

In general, projects seemed to feel that they had done as well as they could given the widespread lack of understanding of the value of nutrition, the strength of local and cultural eating habits and resistance to change them, and the frequently prohibitive cost, or unavailability of many nutritional foods.

Summary

The National Office's efforts to increase project emphasis on supervision and nutrition were only minimally successful, primarily because most projects felt their home visitor supervision and nutrition components were adequate. In the case of supervision, most project directors reported that each home visitor was provided with supervision for an average of 6.5 hours a month in the field and 4.5 hours a month in the office. Some supervisors would have preferred to spend more time on field supervision, but found it impossible because of time constraints. If frequent field supervision is considered necessary in future home-based programs, projects should make funds available for a staff member to be primarily responsible for supervision and training.

In the case of nutrition, little evidence of major change in project operation was found in response to the National Office memo. Nutrition staff at each site remained relatively stable; projects showed an average increase of 1.6 hours per month in time spent on nutrition activities and 0.6 hours per month in nutrition training of home visitors. Eleven projects reported increased emphasis on nutrition in response to the memo, by focusing on family menu planning, introducing nutritious snacks during home visits, exchanging information on nutrition and meal preparation, as well as offering nutrition workshops for Home Start parents. Seven projects reported using additional nutrition materials in the training of home visitors as a result of the memo; the remaining nine projects reported no change. Projects generally felt that their nutrition efforts were sufficient, given the variety of cultural and economic factors impeding good nutrition, over which they had no control. Clearly, any future home-based program which attempts to address the nutritional needs of its families will have to take these factors into account in planning a nutrition program and in attempting to gauge its success.

What Plans Did Local Projects have to Continue Operations After the Demonstration Ended?

The primary focus of this section is a discussion of plans of local Home Start projects to continue operations after June 1975 when the demonstration was concluded. These plans can be more fully understood by considering the relationship that existed between Home Start and Head Start during the three-year period.

From the inception of the Home Start program in 1971, the Office of Child Development stressed that Home Start should be mounted in conjunction with Head Start and that it should be viewed as an "adjunct" to Head Start rather than as a separate or larger program that would ultimately supersede it. The relationship between the two programs was clarified considerably by Mr. Richard Orton, Director of Head Start, at the first national Home Start conference (April 1972). He outlined a three-year plan to improve Head Start, including gradually allowing and encouraging more flexibility and options to local projects. Home Start was viewed as one possible program option for Head Start. Mr. Orton indicated that the improvement and innovation (I&I) efforts would "change Head Start from a program with many centers to a center with many programs..." In 1972, OCD officials commenting on the future relationship between Head Start and Home Start envisioned "a good number of combined programs in which Head Start has a Home Start component."[1]

To insure a close relationship between Head Start and Home Start and to encourage and enable Head Start projects to establish quality home-based components, the National Office of Home Start undertook three types of activities during the course of the demonstration:

1. Specifying the relationship between the two programs in the Home Start Guidelines (December 1971) and requiring that prospective Home Start projects be adjuncts of either existing Head Start programs or community action agencies. Of the sixteen projects that were funded for the three-year demonstration, Home Start was associated with or sponsored by Head Start in eleven sites.

2. Acquainting Head Start and other projects with Home Start and the home-based option by conducting a national Home Start conference in the spring of 1975

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[1] _Interim Report I_, National Case Study, fall 1972 , p. 83-18.

and a series of one-day regional workshops (1974-75) aimed primarily at program operators; by preparing and distributing A Guide for Planning and Operating Home-Based Child Development Programs (June 1974); and by responding to numerous inquiries from projects and individuals interested in the home-based approach.

3. Training regional and state staffs to enable them to provide quality technical assistance and training to Head Start projects wishing to adopt the home-based option. Training activities with Regional OCD staff started at the second national Home Start conference (1973) when four workshops were conducted addressing a variety of aspects of planning and operating home-based child development programs. Subsequent workshops were held in seven regions during 1974 and 1975 aimed at State and Regional Training Officers, as well as Regional OCD staff.

Convinced that there would be a great need to utilize Home Start staff expertise in training Head Start projects which are developing home-based components, the Office of Child Development decided to establish a national network of six Home Start Training Projects to be funded at the conclusion of the Home Start demonstration program. The training projects would be operational for three years and provide training and technical assistance services not only to Head Starts but also assist other state and local agencies with the implementation of the home-based concept. Funding responsibility for the training projects would be shared fifty-fifty between the National Office and the Regional Office of Child Development or another state and local agency.

All but four of the sixteen Home Start projects responded to OCD's request for proposals for Home Start Training Project funding. Two of the projects--Massachusetts and New York--were unable to submit proposals requesting national OCD funds because they had not been successful in locating funding sources to help meet the 100% matching requirement. Alaska and Houston, Texas were the other two projects which did not apply for training funds since both already had firmed up plans for the continuation of project operations. The Houston staff did not apply for a training grant because project staff wanted to have more job security than funding for another three-year program could provide.

Five of the twelve Home Start projects which submitted proposals to the National Office obtained funding to become part of the national training network--Arkansas, Nevada, Tennessee, Utah, and West Virginia. One non-Home Start project--the Portage Project in Wisconsin--was selected as the sixth training site. The six projects will receive $50,000 annually for three years, with an additional $50,000 to be provided by other sources. During the course of the next three years, the six projects will not only provide training and technical assistance services but also will continue to provide direct services to a small number of families.

Of the remaining eleven projects which were not selected as training sites, most looked for funding elsewhere in order to continue project operations. Over half of these projects were considered "adjuncts" of Head Start, although the relationship between the two projects varied considerably from site to site. In some communities, the association was extremely close with sponsorship, staff, and office or meeting space being shared, as well as having some joint training activities and a combined parent policy council. In other communities where Home Start was associated with Head Start, the two projects had only minimal contact with each other. Figure III-13 shows the Head Start/Home Start relationship which existed in the sixteen demonstration sites during the course of the three years.

Two[1] of the eleven Home Start projects which were associated with Head Start--Alaska and Houston, Texas--became home-based options for Head Start. In Houston, the Home Start director indicated that Head Start would not have been refunded if they had not planned some variation in the types of services provided to families. The closing of two of the Head Start centers freed up sufficient funds to pay for salaries of the former Home Start staff, with office space being shared between the two projects. In Alaska, the Policy Board agreed some time ago to combine Home Start with Head Start. This was made possible through a supplementary grant from CETA[2] which the project obtained and the Home Start coordinator taking on responsibility for both projects. In Houston home visitors will continue to provide services primarily to families enrolled in the home-based option. The role of Alaska home visitors is considerably different; they will work part of the week with families in the home and the remainder with children enrolled in the regular center-based program as teacher aides.

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[1] A third project, West Virginia, that was adopted as a home-based option to Head Start did not have a close working relationship during the three-year demonstration. West Virginia also received a training grant as was mentioned previously.

[2] Comprehensive Education and Training Act funding provided by the U.S. Department of Labor.

Figure III-13

Head Start/Home Start Relationship

	Sponsorship/ Grantee	Sponsorship/ Delegate	Staffing	Training	Space	Parent Policy Council	No Head Start Affiliation
Alabama							●
Alaska		●	●	●	●	●	
Arizona		●	●	●	●	●	
Arkansas		●	●	●	●	●	
California	●					●	
Kansas	●			●		●	
Massachusetts							●
Nevada		●	●	●	●	●	
New York							●
North Carolina		●	●	●	●	●	
Tennessee							●
Texas - Houston		●					
Texas - TMC		●	●	●		●	
Utah		●	●	●	●	●	
West Virginia							●
All Home Start Projects	2	8	7	8	6	9	5

Only three of the seven Home Start projects which did not receive training grants or did not become home-based options to Head Start were successful in securing some funding to continue project operations--Alabama, Kansas and Ohio. The Alabama and Kansas projects received funds[1] from the Regional Office of OCD to continue to provide services to low-income families with preschool-age children. The Ohio project, on the other hand, obtained only limited funding from its delegate agency for another six months. With a skeleton staff, the project will concentrate its efforts on securing additional funds with which to continue project operations, in addition to providing services to a small number of families.

The remaining six Home Start projects--Arizona, California, Massachusetts, New York, North Carolina and the Texas Migrant Council--applied for funding from a variety of sources (national, regional and local) but were unsuccessful in their efforts. Among the six projects, only two (Arizona and California) submitted more than one proposal requesting funding in order to continue project operations--one applying for funds to become a Home Start Training Project, the other requesting funds through local revenue sharing. Four of the six projects were associated with Head Starts in their local communities which were unable to transfer all or some of the Home Start staff in order to establish a home-based component as part of the I & I effort because of lack of funding. Since no increase in the level of funding is associated with adoption of the home-based approach, Head Start projects need to reallocate resources similar to those made in Houston, Texas, in order to implement the I & I option.

As was discussed earlier in this chapter, some project directors felt that the National Office, although committed to the continuation of the Home Start projects and the home-based concept as an I & I effort, could have provided more support to local projects in their refunding efforts. Directors indicated that the following types of support services would have assisted local projects in securing funding with which to continue operations at the end of the demonstration program:

- more active involvement of representatives of Head Start projects in Home Start throughout the three-year demonstration especially since Home Start was viewed as an adjunct of Head Start at its initiation;
- more sharing of information and resources between the two programs both at the national and local levels;

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[1] Alabama received $50,000 while the Kansas project was funded for $114,000.

- clarification to local Head Start and Home Start projects regarding the relationship between the two programs and program responsibilities;

- more emphasis on long-range planning to obtain refunding in order to insure the continuation of local project operations following the demonstration phase.

Summary

At the end of the three-year demonstration, ten of the sixteen Home Start projects were able to secure funding with which to continue project operations. Two of these projects are currently operating as home-based components to Head Start projects; five were funded as Home Start training projects and will provide training and technical assistance services to projects adopting the home-based I & I option; and three Home Start projects will continue to provide services to a limited number of families through other grants. The other six projects were unsuccessful in their efforts to obtain funding and are as a result no longer in operation.

Although the National Office undertook a number of activities to insure the continuation of the Home Start projects and the home-based concept, more emphasis could have been placed on long-range planning for refunding purposes and more active involvement of Head Start projects in all phases of the demonstration.

IV

SPRING 1975 FINDINGS

The findings presented in this chapter summarize the impact of Home Start based on outcome data collected primarily in spring 1975. Evidence on the impact of the Home Start demonstration program comes from several sources. The summative evaluation was originally designed to provide the primary impact data on children and their parents; the same summative measures that have been analyzed for earlier time points in Interim Report V and Interim Report VI are reported in the first section of this chapter. In addition to these data, there were several aspects of the "formative" evaluation that lent themselves to being interpreted as program impacts; these findings are reported in the second section of this chapter. Finally, the Home Start evaluation was designed to examine relationships between program costs and program effects; findings related to the cost-effectiveness of Home Start make up the third section of the chapter. In each section, the presentation of findings is organized around key questions that focus the discussion on some of the central issues of this evaluation.

Summative Evaluation Findings

The summative evaluation methodology has been described in detail in previous reports, and only a summary overview is presented here. The groups involved in these analyses are illustrated in Figure IV-1.

The data used for findings presented in this chapter were collected from 370 families in six[1] of the sixteen Home Start sites operating in the spring of 1975. Families in the analyses reported here belong to one of four groups: the two-year Home Start group (106 families), the one-year Home Start group (71 families; served as control group in the past), the two-year Head Start group[2] (61 families), and the new Home Start

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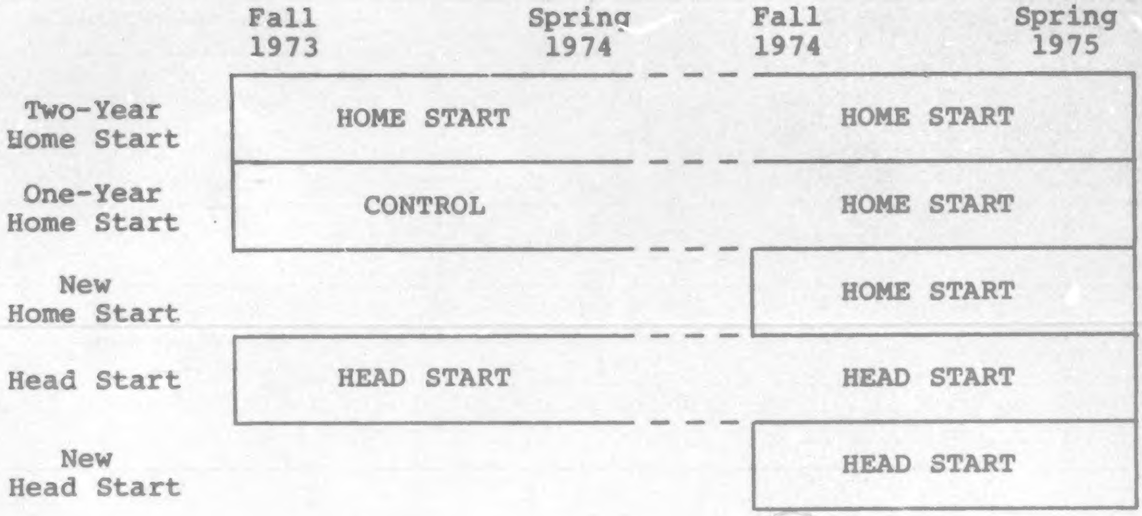
[1] Huntsville, Alabama; Dardanelle, Arkansas; Wichita, Kansas; Cleveland, Ohio; Houston, Texas; and Parkersburg, West Virginia.

[2] In the Alabama, Arkansas, Texas, and West Virginia sites only.

Figure IV-1

GROUPS INCLUDED IN THE HOME START EVALUATION


Fall 1973
Spring 1974
Fall 1974
Spring 1975
Two-Year Home Start
HOME START
HOME START
One-Year Home Start
CONTROL
HOME START
New Home Start
HOME START
Head Start
HEAD START
HEAD START
New Head Start
HEAD START

group (72 families). The two-year groups are so called because they participated in what were essentially two program years, 1973-74 and 1974-75, even though the actual time interval between fall 1973 and spring 1975 testing averaged 19.6 months. Families in the new Home Start group entered the evaluation and the Home Start program in the fall of 1974. Data were collected from an additional 60 families who entered the evaluation and Head Start in the fall of 1974. These families were included in the psychometric analyses reported in Appendix D.

The attrition rate for the first three groups for the 20 months of the evaluation has been approximately 49%. This includes 44 families who were not included in the analyses because the children entered kindergarten in 1974-75. The attrition rate for the fourth group for the 7 months they were included in the evaluation was 29%. Tests for systematic differences between families dropping and those remaining are reported in Appendix C, and basically show that sample attrition appears random.

For the summative analyses in this chapter, the data which were collected when a family entered the evaluation (fall 1973 for some; fall 1974 for others) serve as a pretest. As will be specified in the discussion of the analyses, posttest data were in some cases collected after 20 months of participation in the evaluation and in some cases collected after 7 months in the evaluation. The measures administered as part of the summative evaluation are described in Appendix B.

Summative Analyses

Basically four categories of statistical analyses were performed:

- First, the number of families and children, missing data, conditions of testing, and other information needed to assess data collection quality were compiled. Results of these analyses are described in Appendix C.

- Second, item analyses were performed for individual measures, such as item response distributions, item percent passing, internal consistency reliability (alpha), and item-total correlations. These are described in Appendix D. This information was used to identify problems with the measures as well as to provide basic item descriptive information for each treatment group.

- Third, analyses of covariance on each of the 53 posttest variables were performed, using pretest variables and the interval between pre and posttesting as covariates, as described on the following page. The results of these analyses are reported in the next section and form the heart of the summative outcome analyses.

- Fourth, multivariate analyses of covariance were performed on nine sets of posttest variables, as described below.

Samples for the analyses. The first and second sets of analyses listed above were performed for each treatment group and were based on all families who had valid spring 1975 scores on the variables.

For the analyses of covariance and multivariate analyses of covariance, the treatment groups included in an analysis differed according to the question being asked (the groups being compared). For example, when the effect of two years of Home Start was compared to one year of Home Start, only families in the two-year Home Start and one-year Home Start groups were included. Further, the posttest variables were grouped into the nine sets of variables as shown in Tables IV-1 to IV-4. Families were included in an analysis for a variable only if they had valid prescores and postscores for all the variables in that variable set to which the variable belonged. In this way, all of the analyses for a set of variables and for a particular comparison of treatment groups were based on the same sample of families.

Analyses of covariance. For each of the questions discussed in the findings section below, an analysis of covariance was performed for each of the posttest variables. In each case, one or more pretest variables were used as covariates. In addition, the interval (in days) between the pretest and posttest was included as a covariate in each analysis, since it was discovered that there was a difference between treatment groups on this interval (see Appendix C, Table C-13). Originally, it was predicted that blocking factors for site effects and children's age effects would be needed to increase the precision of the analyses of covariance, but ultimately they were not needed because most site and age effects were removed by the prescore covariates, leaving little additional variability due to the blocking factors.

Except for three school readiness posttest variables (Preschool Inventory, DDST Language Scale, and 8-Block Child Task Score), the covariate used in the analysis of a posttest variable was the prescore for that same variable. For the three school readiness variables, a number of children had not received valid pretest scores because they were unable to complete the test, especially the Preschool Inventory. Since these three variables have been consistently highly related (.5 or above)--see, e.g., Interim Report VI, Appendix F--a method of replacing missing data was used for these variables. A regression equation was formed for each of the three variables, predicting one variable from the other two. Then if a child was missing one of the three pretest variables, he was given his predicted score for that variable, based on his scores on the other two variables. For the analyses of covariance for these three variables, all three of the pretest variables (now containing predicted scores to replace missing values) were used as covariates (along with testing interval) for each of the three posttest variables.

Multivariate analyses of covariance. The analyses of covariance described above compared treatment groups for one posttest variable at a time. In the multivariate analyses of covariance, the same variables were used as covariates as in the analyses of covariance, but treatment groups were compared on groups of posttest variables rather than on single posttests. Variables were grouped, as above, into the sets shown in Tables IV-1 to IV-4.

Findings

Six questions were addressed using the analyses of covariance and multivariate analyses described above. These are all questions that deal with program effects. An additional question concerning the effects of repeated testing, was considered but rejected. Since some families by spring 1975 had been tested four times and others had been tested only twice, it initially seemed possible to investigate the effects on performance of the differing amounts of testing. The one-year Home Start group (tested four times) and the New Home Start group (tested twice) both were posttested in spring 1975 and participated in the program for one year. Unfortunately, no fall 1973 pretest scores are available for the New Home Start group for use as covariates in the analyses. Further, it seems unreasonable to assume that the two groups would necessarily be equivalent (thereby allowing for analysis of variance on spring 1975 scores rather than analysis of covariance) since the population of families served in fall 1974 may have been different from those served in fall 1973.

Question 1. Were two years of Home Start more effective than one year of Home Start?[1]

NO; there were very few differences between children and mothers who participated for two years and those who participated for one year.

The results of the analyses of covariance are presented in Table IV-1 for the child measures and in Table IV-2 for the parent (mother) measures. Very few differences between the two-year and one-year programs were found. One child measure (DDST Gross Motor Scale) yielded a significant difference favoring the two-year group. Given the extremely low internal consistency reliability of this scale for the spring 1975 data and the likelihood of commiting a Type I error when computing 53 analyses, this finding probably should not be interpreted as support for operating two-year programs rather than one-year programs. The other significant child finding was on the dentist variable, indicating that children in the one-year program had visited a dentist more recently. This finding seems consistent with the emphasis programs place on providing checkups for new families. The two-year parents showed significantly lower use of three community resources (Medicaid, recreational program, and job training). The magnitude of these differences in terms of actual usage is not large, however, and overall there appeared to be no major differences between the groups in the use of community resources.

Multivariate analyses of covariance support the above findings. The only significant difference was on the medical care variables, reflecting the group difference in visits to a dentist mentioned above.

It should be noted that the conclusions about the relative effectiveness of two years or one year of Home Start apply to the situation in which the program immediately precedes entry into public schools. The design of this evaluation did not permit a comparison of children entering one-year and two-year programs at the same age (and then completing them at different ages). It seems unlikely, however, that a program would be designed in which there was a one-year gap in services between the end of the program and the beginning of public education.

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[1] To answer this question, the two-year Home Start group was compared with the one-year group, using their fall 1973 scores as pretest variables and their spring 1975 scores as posttest variables. Since the hypothesis was that two years would be "better" than one year, directional (one-tailed) tests of significance were used, with a probability of .05 being considered significant.

Question 2. Were two years of Home Start as effective as two years of Head Start?[1]

YES; although there were some differences between Home Start and Head Start children and parents after two program years, the differences did not consistently favor one group over the other.

Tables IV-3 and IV-4 present the results of the analysis of covariance comparing Home Start and Head Start. Home Start children surpassed Head Start children in vitamin intake and Home Start mothers scored significantly higher on the Household Tasks scale of the High/Scope Home Environment Scale, a measure of the extent to which mothers report allowing their child to help with simple tasks around the house. Head Start children surpassed Home Start children in height and in the intake of citrus fruits.

Multivariate analyses of variance indicated significant differences for two of the variable groups. The Head Start children scored higher than Home Start on the set of nutrition variables and Head Start parents, in general, showed more frequent use of community resources. The multivariate analyses showed no differences in the areas of school readiness, social-emotional development, physical development, medical care, mother-child relationship, mother as teacher or home materials for the child.

Question 3. (a) For children who completed Home Start at age five, were two years more effective than one year?

(b) For children who completed Home Start at age six, were two years more effective than one year?

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[1] These groups were compared in analyses of covariance, using spring 1975 and fall 1974 scores as posttest and pretest variables, respectively. Nondirectional (two-tailed) tests of significance were used since no differences were hypothesized.

NO; the length of the Home Start program had no differential effect on child or parent outcomes at either age level.

These questions are actually subsets of question 1, i.e., comparing the effectiveness of length of program for children who complete the program at different ages. Two sets of analyses of covariance were performed and compared in order to answer these questions. One was for children who entered the evaluation at age three, comparing those who participated in the program for two years (from age three to five) with those who participated for one year (from age four to five). The second set of analyses was for children who entered the evaluation at age four, comparing those who participated in the program for two years (from age four to six) with those who participated for one year (from age five to six). In both analyses, the fall 1973 and spring 1975 scores were used as pretest and posttest variables, respectively.

When the analyses of covariance were computed on the subsample of two-year and one-year families who completed the program at age five, a significant difference was found on only one variable--length of time since visiting the dentist. Within the group graduating from Home Start at age six, the two-year program families scored significantly higher on the HES Books scale and showed a significantly longer time since visiting the dentist. The length of time since visiting a dentist would, of course, be expected to be shorter for one-year families who should have been through the program enrollment and screening procedures more recently than families who had been in the program for two years. These minor differences indicate that the basic conclusion about the relative merits of one- and two-year programs applies both to children who graduated at age five and those who graduated at age six.

Question 4. Was Home Start effective in increasing parents' internal locus of control?

PERHAPS; there was no difference between two-year and one-year Home Start parents, but some evidence that Home Start parents took a more internal approach to problem-solving than Head Start parents.

In spring 1974 and spring 1975, one parent of each focal child was asked a series of eight questions designed to tap a general orientation to problem-solving commonly referred to as "locus of control." Questions were scored on an internal-external scale, ranging from high (response indicating willingness to take full responsibility for the most reasonable course of action to solve the problem, i.e., internal control) to low (parent places responsibility for problem solution on others, or indicates inability to take any corrective action, i.e., external control). Three of the eight questions generated approximately normal distributions (see Appendix D, Table D-21) and were included in the summative analyses:

- Suppose the road (or street) in front of your house became almost impossible to drive on because it was never repaired. What would you do?
- If your roof was leaking and your landlord wouldn't get it fixed, what would you do?
- If you were worried that (child's name) was eating less than usual, what would you do?

Since the correlations among these three items were extremely low (around .10 to .30) and since the internal consistency reliability of the three-item "scale" was very poor both in 1974 and 1975 (see Appendix D, Table D-22), it may be that the three questions are tapping three different aspects of locus of control. Consequently, it was decided to attempt to answer the question by analyzing each question separately.

Analysis of covariance of spring 1975 scores, using spring 1974 scores as covariates, yielded no significant differences between two-year and one-year Home Start parents on any of the three items. Similar analyses of Home Start-Head Start differences did yield significant differences on two of the items ("leaking roof" and "eating less"), indicating that the Home Start parents' locus of control was more internal than that of Head Start parents.

Replication Study

Questions 5 and 6 comprise a replication of the 7-month summative analyses that were reported in Interim Report V. Findings reported at that time indicated the effectiveness of 7 months of participation in Home Start compared with control families who had not participated in Home Start. Since that time, members of the original 7-month Home Start group went on to participate in 20 months (two program years) of Home Start; and members of the original control group participated in 7 months (one program year) of Home Start. In addition, by spring 1975 the New Home Start group (see Figure IV-1) completed 7 months of Home Start. This new group therefore provided an opportunity to examine 7-month gains resulting from Home Start for a group of families who had not been tested previously under control group conditions.

Question 5. Was the 1974-75 7-month Home Start program effective for families?

PERHAPS; although there were some group differences favoring the Home Start families, the effects were generally weaker than those found for the 7-month program in 1973-74.

Since there was no new group of control families who entered the evaluation in 1974-75, the original control group was used as a comparison for the New Home Start group. In order to do this, fall and spring scores for 1973-74 were used for the control group (now the one-year Home Start group) and fall and spring scores for 1974-75 were used for the New Home Start group. The assumption was made that, even though the control group was pre- and posttested one year earlier than the New Home Start group, there was no reason to believe that this time difference would invalidate the comparisons. To make the groups more comparable on children's age, families were eliminated from these analyses if the child's age was under three years or over five years at their entry to the evaluation. Analyses of covariance were performed as described in the previous section, using pretests and 7-month posttests for all children. The results of these analyses are presented in Table IV-5 for the child variables and Table IV-6 for the mother variables.

Significant differences favoring the 1974-75 Home Start group were found for several variables--weight, meat intake, vitamin intake, and family use of Medicaid and Welfare services. Significant differences favoring the control group were found on the SBI Extraversion-Introversion scale and on the POCL Test Orientation scale. These findings provide a somewhat ambiguous picture about the effectiveness of Home Start for the new entering group and are not as strong as the positive Home Start findings reported for the 1973-74 Home Start group (see Interim Report V).

A possible reason for the change in the overall magnitude of 7-month Home Start effects from these reported in Interim Report V might be due in part to changes in analysis procedures (i.e., adding pre-post interval as a covariate and computing the analysis for families with both fall and spring scores on all variables within a particular variable group). Therefore, in order to compare the above analyses with findings from the earlier Home Start group, the 1973-74 scores for the Home Start and control groups were reanalyzed using the new analysis of covariance procedures. Since it was hypothesized that Home Start would be beneficial, directional tests of significance were used for both sets of analyses.

The results of these reanalyses are presented in Table IV-7 for the child measures and Table IV-8 for the mother measures. Significant differences favoring Home Start were found for the PSI, SBI Task Orientation, meat intake, months since doctor visit, reason for visit, HES Mother Involvement, HES Household Tasks, 8-Block Talk About, HES Books, and HES Playthings. No significant differences favoring the control group were found.

Although the Home Start-control differences were not found on exactly the same variables as reported in Interim Report V, the large number of differences does support the original Home Start findings, and in the case of PSI, SBI Task Orientation, the medical care variables, and HES Playthings the exact findings are replicated. It seems, therefore, that weaker 7-month program effects found for the New Home Start group (1974-75) may reflect real differences in the program between the two years. As suggested in the discussion of sample attrition (Appendix C, p. C-2), program services may have begun to diminish with the impending close of the project in spring 1975.

If these findings can be used to infer that the 1974-75 Home Start program was not as effective as the 1973-74 program, this has important implications for the conclusions regarding the effects of the two-year program relative to a one-year program, and conclusions about the effects of program duration would have to be tentative. It therefore seemed appropriate to test directly the question of comparability of the effectiveness of the two program years. Question 6 addresses this issue.

Question 6. Was the 1974-75 Home Start program as effective as the 1973-74 Home Start program?

YES; there were few differences in the performance of children and families participating in the two program years.

To answer this question, the 7-month posttest scores (spring 1975) for the New Home Start group were compared with the 7-month posttest scores (spring 1974) for the Two-Year Home Start group. The entering scores (fall 1974 for the New Home Start Group and fall 1973 for the Two-Year Home Start Group) were used as covariates, along with testing interval. It was hypothesized that there would be no difference between these two groups after seven months of program participation so a non-directional test of significance was used.

The findings are presented in Table IV-9 for the child outcomes and in Table IV-10 for mother outcomes. Significant differences favoring the old Home Start group were found on the 8-Block child score and the SBI Extraversion-Introversion scale. Differences favoring the New Home Start group were obtained on the child 8-Block Talk score, height, vitamin intake and use of Medicaid. It must, therefore, be concluded that program operations for the two years evaluated in this study were not significantly different in their impact on children and families. One finding of particular interest, given earlier disappointing results of the Home Start nutrition component, is the vitamin intake result. The difference in favor of the New Home Start group suggests projects were at least somewhat successful in improving their nutritional services in the third year of their operation.

Formative Evaluation Findings

Formative findings are concerned with two areas--what home visitors predicted about the future behavior of their families and the impact that the program has had on the Home Start staff. The data for these findings were collected as part of the formative site visits; for details of the methodology, see Appendix A.

Question 1. Did Home Start affect the expectations home visitors had for the future behavior of their families?

PERHAPS; both families and children were rated optimistically by the home visitors. Length of time in the program had some effect in increasing expectations for parents' social and educational development, but strong program effects were not found.

In order to provide an overall picture of the possible future behavior of Home Start families and children, home visitors in all 16 sites completed both a Classroom Behavior Inventory (based on Earl Schaefer's Classroom Behavior Inventory) and a Parent Behavior Inventory for each of their families.[1] Each Behavior Inventory contained items describing a certain type of behavior; home visitors were to rank each child or family on a four-point scale with 4 meaning "very much like" and 1 "not at all like." The Classroom Behavior Inventory described children's behaviors such as "will laugh and smile easily and spontaneously in class," while the Parent Behavior Inventory described parents' behaviors such as "the focal parent will provide a healthy diet for her family." The most striking result of these questionnaires was that home visitors were optimistic about parents' and children's behavior after graduating from Home Start. Although the data cannot be taken as home visitors' evaluation of the long-term effects of Home Start, they suggest that Home Start families may exhibit constructive behavior after the program ends.

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[1] Copies of these instruments are included in Appendix A.

For each of the two instruments, several scales were constructed. Factor analysis was used to decide which items to include on each scale; scale scores were computed by taking the mean score of the items in each scale.[1] The Classroom Behavior Inventory was decomposed into three scales, the same ones which Schaefer had used in his analyses: Considerateness/ Hostility, Task-Oriented Behavior/Distractability, Extraversion/ Introversion. The Parent Behavior Inventory contained four scales: family health and nutrition, parental social and educational development, community contact, and independence. Scales were constructed so that higher scores indicated more positive behavior, e.g., the higher a scale score on "family health and nutrition," the more a home visitor felt this family would continue to have a healthy environment and diet.

The scale scores clustered around 3 ("somewhat like"), indicating a fair degree of agreement on the part of home visitors with predictions that families and children would "do well." Especially high was the family health and nutrition score; this implies that home visitors also felt that families' current health and nutrition habits were acceptable. This is interesting given the lack of summative nutrition findings indicating change in focal children's diets. The inconsistency between these two findings cannot be resolved given our present data.

The scale for "parental social and educational development" includes parents' involvement in their children's educational development, both at home and in school, as well as the parents' individual development in terms of community organizing or adult education. As the item scores contained in Tables IV-11 and IV-12 indicate, home visitors considered parents more likely to be active where their children's education was concerned (items 1 and 13) than when it was strictly their own development (items 5 and 15).

Also interesting is the high score parents received on item 6 of the Parent Behavior Inventory which covered parents' knowledge about community resources. This item was not included on any of the scales;[2] it had the highest score aside from items dealing with the family's health and nutrition. This indicates that home visitors felt that Home Start parents "will know whom to contact in the community to obtain help for any personal or family problems," which was also one of the stated main goals of Home Start.

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[1] See Appendix A for a more complete description of the methodology used in constructing scales and scale scores.

[2] Item 6 was omitted because it did not load high on any of the Parent Behavior Inventory factors. See Appendix A, Methodology, for a more detailed discussion.

A one-way analysis of variance was performed to investigate the effect of different amounts of time families spent in Home Start. On only one scale was there an interpretable result. There was a significant difference ($p<.01$) between those families who had been in the program less than six months and those who had been in over two years on the parental social and educational development scale. The mean score for the former group was 2.8, while it was 3.2 for the latter. While this is hardly proof of Home Start's effects, it is suggestive of possible cumulative results of the program. In similar analyses, no effect of the child's age on any of the Classroom Behavior Inventory scores was found.

Question 2. Has Home Start affected the education, personal lives, and future employment plans of project staff?

YES; staff gained skills in teaching parents to educate their children, increased their knowledge through courses taken while with Home Start, and in general felt better prepared to continue this kind of work and to train others. Staff also perceived personal gains in self-confidence, understanding and communication skills.

The families served by Home Start were not the only people affected by the program. Project staff gained experience and acquired specific skills useful both in terms of future employment and their personal lives. For home visitors in particular, working with Home Start was often very different from previous jobs and provided an opportunity for them to develop new skills. In order to assess these effects, all staff completed a self-administered questionnaire regarding their previous jobs, future employment plans, and skills and degrees they had acquired while they were employed by Home Start. In addition, four staff members from each project were interviewed more extensively about their personal reactions to working with Home Start. The discussion of this question is divided into three parts.

- What kind of education did these staff gain during their employment with Home Start?
- What effect has Home Start had on their personal lives as family and community members?
- What are project staff's plans for future employment now that the Home Start demonstration is over?

Staff education. Home Start staff were generally enthusiastic about how much they had learned from being in the program--both formally, through courses and training, and informally, through doing their jobs. For some staff, Home Start provided an opportunity to continue their formal education toward a G.E.D. or college degree. In North Carolina, credit courses toward an Associate Degree in Child Development were subsidized for Home Start and Head Start staff and several of the home visitors received their degrees in 1975. In Houston, two staff members' college courses were being subsidized through Head Start Career Development funds. Just having a full-time job enabled one home visitor in the Texas Migrant Council project to afford to go to college at night. In addition, at least two home visitors received their G.E.D. while working with Home Start and about a third of all staff (home visitors and administrative staff) received some type of certificate through Home Start. These were for courses taken in Red Cross First Aid and Home Nursing, Parent Effectiveness Training, Literacy Tutoring, and for participation in workshops for handicapped children, behavior problems, and mental health. Two-thirds of staff took some high school, college or postgraduate credit course while they worked for Home Start; the average number of courses taken was three. A major accomplishment for some home visitors was the acquisition of a driver's license, which they obtained as a prerequisite to becoming a home visitor, with the Home Start director's encouragement.

Another educational benefit of Home Start for staff was the skills they learned on the job by carrying out their responsibilities from day to day. Skills listed in the questionnaire were Home Start-related capabilities, such as "helping parents get needed services from other community agencies;" some of these actually encompassed several more general skills such as "communicating with adults" or "being familiar with community agencies." Home visitors and other staff (directors, supervisors, specialists and other administrative staff) ranked skills on the basis of how much they felt they had learned and chose the one skill about which they felt they had learned the most. Results were somewhat different for the two staff groups, as shown in Table IV-13. Over half of the home visitors felt they had learned the most about "teaching parents about their role as educators," echoing the primary stated goal of Home Start. Second most frequently chosen was "teaching kids," with "management and administrative skills" last. The relatively high averages for "amount learned"[1] for all skills indicates that home visitors considered Home Start valuable in terms of skill acquisition. Administrative staff, on the other hand, learned most about "training staff in a home-based program," followed by "management and administrative skills" and "teaching parents about their role as educators." As shown in Figure IV-13 averages for amount learned are somewhat lower than those for home visitors. This probably is due to these staff members having more previous experience or education, as well as to the fact that their jobs were often less multi-faceted than home visiting.

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[1] (0 = nothing, 3 = learned a lot)

Staff's personal lives. While personal effects of a job are more difficult to measure, they are a large part of the ways people change. Several common themes emerged from personal interviews with four staff members at each site.

Many staff saw working with Home Start as good training for living with and teaching their own children. It provided "a whole lot of training in terms of what to do with my kids," remarked a nutritionist. One director noticed a big influence on her two-year-old son, born soon after Home Start began. She said "I'm aware of how to use my limited time with him--talking and teaching him all the time." A home visitor in California says she talks to her children when she would have spanked them before. Another home visitor has decided definitely to become a mother because of her experiences in Home Start.

Home visitors have been able to involve the rest of their families as well. A home visitor in Houston has involved her husband, brother and mother in teaching her own children, using materials she is preparing for Home Start families. Spurred by her job, the family of a home visitor from the Texas Migrant Council now discusses school and community agencies around the dinner table.

Many staff members noted a big change in their self-confidence and ability to be aggressive. Two directors characterized themselves as "more aggressive and verbal" and "more vocal and liberal" because of Home Start. Home visitors were even more emphatic, stating that working with Home Start "helped me find myself" or "taught me lots of coping skills." One home visitor from New York described herself before Home Start as lacking the confidence "to stand up for my own rights, let alone give my opinion to someone else." Another considers herself "more important, more assured and confident."

Another effect staff emphasized were changes in understanding and communicating with other people, adults as well as children. Several mentioned changes in their attitudes toward low-income families; they began to treat people as individuals, rather than making assumptions about them based on their socio-economic situation or what they looked like. Some realized that some of the families they worked with were only temporarily poor and this helped them view them as individuals. One home visitor says she no longer thinks of people as belonging to one of two classes of people: lower and middle, but now feels class distinctions aren't important.

Patience and tolerance are two qualities noted as part of understanding people; Home Start staff learned to be patient with parents who did not immediately become enthusiastic about working with their children and tolerant of those who did not take responsibility for getting community resources for their family. They also increased their communication skills; in some sites they participated in actual training sessions in communication. Two staff from one such program said they had become more open and direct, able to tell people what's bothering them. Another director found it easier to say "I like you."

Finally, staff expressed feelings of optimism. Said one home visitor in Alaska: "Improvements can be made and families can progress."

Future employment plans of staff. The experience of working with a program like Home Start may influence staff's plans for future employment or education. Staffs changed perceptions of themselves in terms of skills and capabilities, as well as increased confidence and assertiveness, provided them with more options than before Home Start. Staff reported on their future employment plans before training sites had been chosen, so many of them were not sure whether their plans would work out. However, it is clear from their responses that they hoped to continue doing work related to their Home Start jobs. At that time, half of the home visitors (40) hoped to work as trainers for home-based programs. Another 20 hoped to work as aides or teachers in Head Start, kindergarten or public school.

In Houston and Alaska, Home Start was absorbed into Head Start, so all staff members retained their positions. Almost all home visitors hoped to find full-time work, but seven had no immediate plans for future employment. Since "employment was scarce," as one home visitor put it, they temporarily planned to collect unemployment. In addition, three home visitors were planning to go to college or graduate school.

Other staff had similar plans; the largest single group (15 out of 38) hoped to work as trainers for home-based programs. Others with particular skills planned to use them elsewhere as, for example, a community nurse-practitioner, a counselor/social worker, a day care center director, a bookkeeper or an administrator elsewhere in the Community Action Agency. Almost all were seeking full-time employment.

Home Start has changed the future plans of many staff; home visitors underwent some of the more dramatic changes. For 15% of them, this was their first full-time job; over 40% had no previous related job experience. Their prior positions include such diverse jobs as mail carrier, cannery worker, water safety instructor, "21" dealer, hosiery millworker, janitor and taxi cab dispatcher. When they were interviewed, several staff members specifically mentioned the changes Home Start had made in their career plans. Both the coordinator in Arizona and a social service coordinator from Houston changed their plans from being a secretary to being a social worker. A home visitor in Massachusetts wants to combine Home Start with her previous experience and teach home-based religious education. One group of staff who modified their expectations are Home Start mothers who became home visitors; one such woman in Alabama had planned to stay at home with her children, but now plans to study in early childhood development or work in that field.

Cost Effectiveness Findings

Two important issues remain to be addressed in the evaluation of Home Start. First, have the benefits produced by the program been sufficient to warrant the resources that the program has consumed? Second, which program variations--one-year duration, two-year duration, summer component, etc.--appear to be cost-effective? These issues are discussed below.

Overall Cost-Effectiveness

Question 1. Is Home Start cost-effective compared to Head Start?

YES; since the overall effects of Home Start, as measured in this evaluation, are comparable to the effects of Head Start and since the costs per child of Home Start are equal to or less than the costs of Head Start, Home Start is a cost-effective use of public funds.

The test results reported in Interim Reports V and VI indicated that Home Start has indeed had a beneficial effect on participating families. But, despite the fact that the evaluation has provided numerous measures of the effects of Home Start on focal families, there is no direct answer to the question of whether these effects (benefits) are sufficient to warrant the resources the program has consumed. Insufficient information is available with which to translate a gain of three or so points on a test of school readiness into dollar terms for comparison with program cost. The problem is complicated by the fact that Home Start was created with a diverse set of objectives--cognitive, social-emotional and physical development for children, improved parenting skills for adults and more effective use of community resources for families. The multi-dimensional nature of benefits in the absence of any practical method for monetizing the benefits rules out a true cost/benefit analysis or any other technique which provides a quantitative index of the relative magnitude of costs and benefits.

A non-definitive but useful assessment of the overall cost-effectiveness of Home Start can be made by comparing its costs and benefits with the costs and benefits of the Head Start program. Head Start is a good model for comparison for two reasons. First, it is a well-established program, with considerable support at the community level, among child advocates and in Congress. Second, while the objectives of the two programs are not identical, there are enough similarities that their effectiveness can be compared along a number of dimensions.

Comparable test data on Head Start and Home Start families have been collected at four sites--Arkansas, Alabama, Texas (Houston) and West Virginia. A comparison of the effects of seven months of participation in the two programs was presented in *Interim Report V*; 12-month results were presented in *Interim Report VI*; 20-month results appear above in this volume.

With few exceptions the outcomes for Home Start and Head Start families have been equal. Over the three testing periods there were more than 160 different measures taken for possible differences in program effects. Statistically significant differences were recorded only 28 times, and nearly half of those (13) were on measures of nutritional intake. There does not appear to be sufficient evidence to attribute superiority to either program relative to the other.

Estimates of program costs have been presented for both Home Start and Head Start in *Interim Reports V* and *VI*. Based on data from 16 sites, the cost of Home Start to the federal government per family per year is $1400. Based on data for projects in the six summative sites, the federal government's cost for Head Start is $1775 per child per year. Home Start appears to be the less expensive of the two programs. The two estimates of unit costs above suggest that 27% more children can be served via Home Start than through Head Start for a given level of federal spending. Based on data for only the four sites for which test data are available for comparisons of program effectiveness, the cost differential is even larger--51% more children served via Home Start than through Head Start. This latter estimate probably overstates the relative cost of the two programs on a national basis. Nevertheless, it does reflect the relative quantities of resources (labor and materials) which were used in generating the family performances measured by the tests and questionnaires.

The objective of the Home Start/Head Start comparison is not to test for superiority of one of the two programs. The *hypothesis* that originally motivated the comparison is the following: Compared to Head Start, the Home Start program is equally or less costly and equally or more effective. All the available data seem consistent with that hypothesis. Whatever slight advantage might belong to Head Start in some areas of effectiveness is offset by some advantage for Home Start on cost per family served. In spite of the fact that no measurements have been made of long-range maintenance of Home Start effects, it would appear that the Home Start program is a cost-effective use of public funds.

Program Variations

In *Interim Reports V* and *VI* several variations within the Home Start program were noted as having important influences on the cost of the program per family. The length of time families are encouraged to remain in the program--one year versus two years--is probably the most important variation in terms of program cost. Whether full-blown summer programs should be offered is also a cost-related issue. *Interim Report V* concluded that the cost-effectiveness of the program would be seriously jeopardized if a consistent home visit schedule were not maintained. All of these issues have been reexamined, and the results are discussed below.

Question 2. Is a two-year Home Start program cost-effective relative to a one-year program?

NO; 20-month programs are more costly than 7- or 8-month programs, and there is little evidence that the longer programs result in substantially greater benefits to children and families.

Estimates of the cost of Home Start per family served for 8-month, 12-month and 20-month programs can be obtained from the cost data in this and earlier reports. Federal cost per family for the 8-month period, October 1973 to May 1974, averaged approximately $900 across the 16 local projects. Federal cost for 12 months averaged $1400 per family. From these two figures, one would project the cost of 20 months of operation at $2300. A decision to adopt a full-year program would reduce the number of families by one third from the number that could be served in an 8-month program for a given level of funding; a 20-month program would require a 60% cutback in families.

Some of the findings presented earlier in this report bear on the relative effectiveness of 8- and 20-month programs. One group of families entered the control group in fall 1973 and then joined Home Start a year later; spring 1975 test scores for these families would measure the effectiveness of an 8-month program. Spring 1975 test scores for families who began Home Start in fall 1973 measured the effectiveness of a 20-month program. On 53 different test measures the two groups scored differently on only five. On the basis of effects measured immediately upon completion of the program, a 20-month program is not cost-effective compared to an 8-month program. It remains to be determined whether an extra 12 months of program can be justified on the basis of families' retention of effects beyond their tenure in the program.

Question 3. Is a 12-month program cost-effective relative to a 7-month program?

NO; the summer activities occurring between the 7- and 12-month time points do not produce gains in children and families that are worth the additional costs.

A major difference between 8- and 12-month programs is in the summer operations. Although no test data are available with which to make a direct comparison of 8-month and 12-month programs, some indirect comparisons are possible. First, data on the service records of local projects indicate that maintenance of a consistent home visit schedule is especially difficult during summer months--probably as a result of interference with vacation schedules. Of the 188 families for which data were available, 100 families received five or fewer home visits during the 17-week summer period. Second, statistical analysis of test data indicates that those families who received regular home visits during the summer months scored no higher on summative measures than those families who received very few visits. It is possible that there would be some long-range effects of longer program duration that are not apparent in immediate 12-month outcomes, but on the basis of this evaluation there is not strong evidence that summer programs are worth the additional cost.

Question 4. Do variations in services affect the outcomes for Home Start participants?

YES; the length and number of home visits received by a family do affect some aspects of child outcomes.

Interim Report V concluded that home visits of less than 90 minutes or more than 120 minutes were not cost-effective. This finding was developed by using multiple regression analysis to test the existence of a relationship between families' performance on summative measures and the length of time home visitors reported they typically spent with their average family. Data on home visit time were not available on a family-by-family basis. A relationship was found for the Preschool Inventory and for the language scale of the Denver Developmental Screening Test.

During the period from early summer 1974 to spring 1975, data were collected on a per-family basis of the frequency and length of home visits. With these data the finding from Interim Report V was re-examined. Spring 1975 test scores were regressed against fall 1973 scores (pretest), measures of family and home visitor background (e.g., educational attainment and socio-economic status), and the length and frequency of home visits. The analysis was performed for a dozen test measures, including the PSI, the DDST and measures of social-emotional development, nutrition, medical care and mother-child relationships.

Although the finding from the earlier report was not entirely replicated, the results still indicate a relationship between home visit patterns and the performance of focal families. The first regression equation presented in Table IV-14 shows the estimated relationship between the spring 1975 score on the DDST on the left and pretest scores and the number of home visits during the fall to spring period on the right. The equation indicates that those children who received the most home visits (about 25) scored more than two points higher than those children who received the fewest visits (less than five). A two point difference is quite large, nearly twice the difference recorded between Home Start and control children on the 7-month and 12-month comparisons reported in earlier volumes. While similar relationships were not found for other outcome variables, the relationship for the DDST was strong enough statistically that it does not appear to be the result of chance.

Question 5. What are the determinants of variations in program services?

The age of the focal child and the number of families per home visitor directly affect the length of home visits; the age of child, family location and the number of children of her own the home visitor has affect the frequency of home visits.

Some additional regression analyses were performed in an attempt to identify determinants of the frequency and length of home visits. The results are also presented in Table IV-14. The number of visits made to a given family appears to depend on the age of the focal child (younger children received more visits), on where the family was located (urban families received fewer visits) and on the home visitor's family (home visitors with children made fewer visits). The duration of the average visit to a given family is related to the age of the focal child (younger children received shorter visits) and to the number of families the home visitor is assigned (those with more families made shorter visits).

These latter regressions indicate patterns that project administrators should look for in their attempts to maintain consistent home visit schedules, but they are of limited usefulness as a guide to program policy. The one explanatory variable that is likely to be subject to administrative control is the number of families assigned to home visitors. The last regression indicates that home visitors with more than 16 families have not spent at least an hour per visit with their families. Those with more than 10 families have not spent more than 90 minutes per visit. Interim Report V recommended assigning between 9 and 13 families per visitor. The results reported here suggest the upper end of this range may be the most cost-effective. The lower end of the range would logically be more appropriate for new home-based programs with inexperienced home visitors.

V

SUMMARY OF REPORT FINDINGS

This chapter provides a brief summary of program characteristics, program analysis and findings from the third year of the national Home Start demonstration project. Although these findings can, in some respects, stand alone as important evaluation outcomes, they should be viewed in the context of previous reports. The Final Report (October 1975) containing an overview of the entire project and provides an integrated findings from all previous evaluation reports.

A factual overview of the Home Start program was presented in Chapter II to provide a framework for subsequent sections of the report which address a variety of issues. Program and per-project enrollment remained short of the goal to reach at least 80 families per quarter. Staffing patterns and other program characteristics were briefly reviewed and were found essentially unchanged. Three aspects of the home visit were examined in detail: frequency, duration, and some general characteristics of the visit itself, since they varied considerably across and within projects. Home visits took place bi-monthly, but site averages ranged from one to three visits per month. Some families were visited less frequently than others because of emergencies or illnesses in the family which prevented visits from taking place. While most projects were operational for 12 months, home visiting was conducted only for an average of 11 months. The remainder of the time was taken up by special program activities, such as recruitment of families and intensive pre- and inservice training, as well as staff vacations. The total number of home visits families received per year averaged 34, 76% of the weeks that summative projects reported they were making home visits. The visits lasted on the average roughly an hour and a half, but ranged from 10 or 15 minutes to two hours or more. Home visit characteristics remained essentially unchanged since the fall--about half of the visit time was devoted to parent concerns, with parents and home visitors interacting directly with each other about a third of the time. Home visit profiles varied across projects--some were considerably more oriented to parents than others. Emphasis on parent concerns and home visitor-parent interactions increased greatly over two years (20% in the amount of time spent on parent activities and 11% in home visitor-parent interaction time).

Other activities Home Start projects offered to families included group meetings for children and parents, parent policy council meetings, trips to the doctor or another service provider and other social activities. On the average, families were involved in 18 "other" Home Start activities over a three-quarter period. In two of the six summative projects, families participated in more "other" activities than home visits.

During the second program year (October 1, 1973 to September 30, 1974), the Office of Child Development spent $1,617,563 on the operations of the 16 Home Start projects. Total resource cost of the program (OCD's share plus community contributions) was $2,028,647. Total per-family cost averaged $1,746 for one year of service, ranging from $1,414 to $2,505 across sites. Expenditure patterns were essentially the same as those reported in previous reports.

Chapter III of the report addressed a number of programmatic issues. Most families remained in Home Start for only one year (about a third were served for 19 months to two years), despite the fact that most project directors believed families should be served for more than one year in order to achieve results. Some directors expressed the opinion, however, that families should be graduated from the program after one year because they otherwise might become too dependent on the program. The primary reasons for family dropout from the program were the child entering kindergarten or another preschool program or the family moving away from the service area.

Contact between home visitors and families following graduation was only minimal, although bilingual families seemed to request assistance from the projects in obtaining community services more frequently. These data indicate that Home Start was successful in making families more independent and in helping them help themselves.

The role the National Home Start Office played in program implementation at the local level was examined. OCD provided a wealth of support services designed to improve the quality of local projects and to help them in the full and consistent implementation of the Home Start guidelines. Services OCD provided included periodic T & TA visits, national and regional conferences, inter-site visits enabling project staffs to travel to other projects, and information exchange. Most of these services were very highly valued by local project staff. The nutrition component as well as home visitor supervision were reviewed to gauge the success of National Office guidance that was provided to local projects. Only minimal increases were found in the amount of time devoted to nutrition and supervision of home visitors, primarily because projects perceived their activities in these two program areas to be adequate. Two types of supervision were provided by local project staff: in-home supervision for an average of 6.5 hours per months and in-office supervision (review of records, consultations, etc.) for 4.5 hours per month. Projects spending minimal time accompanying home visitors seemed to spend consistently more time in office supervision.

Chapter III concludes with a discussion of plans local projects had to continue operations after the demonstration ended. All but six of the 16 projects were able to secure funding--two are now operating as home-based I & I options to Head Start, five became Home Start training projects, and three obtained funding to continue to provide services to families.

Chapter IV reviewed the findings that emerged from the spring 1975 data. The major findings, which include summative, formative and cost-effectiveness findings are summarized here.

- Increasing the duration of the program from one to two years had little effect upon the outcomes for children and mothers. And this was equally true for children who graduated from Home Start at age five and those who graduated at age six.
- Although there were some differences between Home Start and Head Start children and mothers after two program years, differences did not consistently favor one group over the other.
- An analysis of families entering Home Start in 1974-75 essentially replicated the positive findings on program effectiveness reported for the 1973-74 program year.
- Families who participated in Home Start for two years were seen by their home visitors as having somewhat greater potential for social and educational development, although these effects were not strong.
- Participation in Home Start had important benefits for project staff; they gained skills in teaching parents to educate their children, increased their own levels of education, and perceived personal gains in self-confidence, understanding and communication skills.

- Home Start is a cost-effective use of public funds relative to Head Start since Home Start benefits are at least comparable to those of Head Start and since the costs per child of Home Start are equal to or less than the Head Start costs.

- Since increasing the length of the Home Start program has little influence on child and parent outcomes, the extra costs of lengthening the program beyond one year (September to June) do not appear to be warranted.

- On the other hand, variations in services (i.e., length and frequency of home visits) within a given program duration have some effects on child outcomes. Furthermore, some of these factors are within the control of project administrators.

In conclusion, on a great number of dimensions including child and family variables, changes in staff, and program costs, the national Home Start demonstration program has shown its effectiveness. Since it is tempting to make comparisons with other child development programs, especially Head Start, that may extend beyond the data presented here, it is important to recognize the complementary nature of center- and home-based programs. In low population density areas, daily transportation charges will raise the cost of center-based Head Start projects significantly. In these areas Home Start, with one trip per family per week, may be the only acceptable program on cost-effectiveness grounds. In urban areas, with small pockets of families who are isolated from the general community by cultural or language barriers, a home-based program may be a more effective mechanism than a large center-based program for reaching these isolated groups. The availability of a home-based component within an existing Head Start program widens the range of choice available to families. With both types of programs available, federal spending on early childhood programs will be better able to conform to preferences and needs in local communities.

Table II-1

Home Start Project Enrollment For the Second Year of Program Operation[1]

16 Projects	Families Total Served	Families Average Quarterly Enrollment	Focal Children Total Served	Focal Children Average Quarterly Enrollment	0-5 Year Old Children Total Served	0-5 Year Old Children Average Quarterly Enrollment
Alabama	119	83	179	121	226	161
Arkansas	135	83	162	99	230	142
Kansas	123	76	185	112	246	152
Ohio	112	70	157	95	212	130
Texas - Houston	144	64	187	85	302	132
West Virginia	218	139	349	218	480	301
Total Summative Sites	851	86	1219	122	1696	170
Alaska	79	51	87	54	119	122
Arizona	91	63	109	76	180	117
California	121	65	157	83	242	127
Massachusetts	81	55	97	68	122	80
Nevada	136	69	150	77	272	135
New York	120	72	144	86	204	124
North Carolina	91	58	91	58	146	95
Tennessee	123	76	135	86	209	131
Texas - TMC[2]	126	86	151	75	239	161
Utah	201	73	221	80	442	157
Total Non-Summative Sites	1169	67	1342	74	2175	125
Total All Sites	2020	74	2561	92	3871	142
Total Fifteen Sites Excluding West Virginia	1802	70	2212	84	3391	131

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[1] October 1, 1973 to September 30, 1974.

[2] Enrollment figures for the Texas - TMC project cover only three quarters rather than four because the project was closed during the summer months.

Table II-2

Home Start Project Staffing

Site	Director/Assistant Director/Program Coordinator	Bookkeeping/Administrative/Secretarial Staff	Home Visitor Supervisor	Educational Component/Child Development Staff	Health Component Staff	Nutrition Component Staff	Social-Family Service/Parent Involvement Coordinator	Psychologist	Group Meeting Staff	Home Visitors	Total Staff
	Admin. Staff		Specialist Staff								
ALABAMA	👤👤	👤👤👤							👤👤👤	👤👤👤👤👤👤	14
ALASKA	👤👤			👤	👤		👤			👤👤👤	8
ARIZONA	👤	👤		👤						👤👤👤👤👤👤	9
ARKANSAS	👤👤	👤👤	👤👤	👤	👤👤	👤				👤👤👤👤👤👤👤	17
CALIFORNIA	👤	👤					👤			👤👤👤👤👤👤	9
KANSAS	👤	👤								👤👤👤👤👤👤👤	10
MASSACHUSETTS	👤	👤👤👤					👤			👤👤👤👤👤👤	11
NEVADA	👤	👤👤	👤	👤👤	👤		👤👤			👤👤👤👤👤👤	15
NEW YORK	👤👤	👤								👤👤👤👤👤👤	9
NORTH CAROLINA	👤	👤👤			👤		👤			👤👤👤👤👤👤	13
OHIO	👤👤	👤👤		👤			👤			👤👤👤👤👤👤	11
TENNESSEE	👤	👤	👤	👤	👤				👤	👤👤👤👤👤	11
TEXAS (HOUSTON)	👤	👤			👤		👤👤			👤👤👤👤👤👤👤	12
TEXAS (TMC)	👤👤	👤			👤					👤👤👤👤👤👤👤	11
UTAH	👤	👤		👤	👤	👤	👤	👤		👤👤👤👤👤👤👤👤	15
WEST VIRGINIA	👤👤	👤	👤		👤					👤👤👤👤👤👤👤👤👤👤👤👤👤👤👤	20

👤 = full-time staff

Table II-3

Length of Program Year and Average Number of Home Visits Families Received

Project	Length of Program Year	Actual Number of Visits Made	% of Weeks Visits Took Place
Alabama	39 weeks	29	74
Arkansas	47 weeks	38	81
Ohio	44 weeks	29	66
West Virginia	52 weeks	39	76
Average	45 weeks	34	76

Table II-4

Home Visitor Profiles of Home Visiting Frequency

	Number Of Home Visitors	% Visiting Consistently With Families	% Visiting With One Week Difference	% Visiting With 2-3 Weeks Difference
Alabama	5	0%	60%	40%
Arkansas	7	57%	43%	0%
Kansas	7	0%	71%	29%
Ohio	5	0%	80%	20%
Texas	5	40%	60%	0%
West Virginia	13	46%	54%	0%
Average	42	24%	60%	15%

Table II-5

Percent of Time Spent in Content Areas, Interaction Patterns and Activity Modes during the Home Visit

	ALABAMA	ARKANSAS	KANSAS	OHIO	TEXAS	WEST VIRGINIA	AVERAGE
TOTAL TIME (minutes)	57	81	61	44	68	121	72
Child Content	59%	48%	38%	68%	75%	56%	56%
School Readiness	32	19	12	23	41	22	24
Reading	0	4	1	7	4	2	3
Physical Development	20	14	21	21	17	23	19
Emotional Development	7	11	4	17	13	9	10
Child Other	0	0	0	0	0	0	0
Parent Content	40	53	63	32	25	44	44
Educating the Child	10	10	17	5	9	7	9
Family Health	5	10	7	3	1	3	5
Family Nutrition	3	7	4	0	1	5	4
Adult Education	1	0	2	0	0	0	1
Services	1	3	9	1	0	1	2
Parental Concerns	19	23	23	23	14	26	22
Parent Other	1	0	1	0	0	2	1
Home Visitor Initiates	74	63	85	76	72	58	69
HV to FP	23	30	43	18	17	17	24
HV to FC	40	21	21	45	36	26	30
HV to FP and FC	11	12	21	13	19	15	15
Focal Child Initiates	10	13	4	12	11	12	11
FC to HV	7	9	2	8	4	7	6
FC to FP	2	1	1	1	4	2	2
FC to HV and FP	1	3	1	3	3	3	3
Focal Parent Initiates	17	23	10	13	16	30	20
FP to HV	11	14	5	8	4	18	11
FP to FC	5	6	5	4	10	10	7
FP to HV and FC	1	3	0	1	2	2	2
HV-FP Interactions	34	44	48	25	26	35	35
HV-FC Interactions	46	30	22	52	40	33	36
FP-FC Interactions	7	7	6	5	14	12	10
Three-way Interactions	13	18	22	17	24	20	19
HV tells	39	45	51	43	32	36	40
HV asks	26	24	26	28	32	27	27
HV listens	35	31	23	29	36	30	31
HV ignores	0	0	0	0	0	6	2
HV not present	0	0	0	1	0	1	1
FC tells	38	29	30	40	39	36	35
FC asks	4	8	14	9	14	7	9
FC listens	40	42	32	37	34	37	37
FC ignores	15	13	9	6	5	9	10
FC not present	4	8	15	9	8	12	10
FP tells	23	37	29	28	20	36	30
FP asks	12	18	21	15	26	13	17
FP listens	52	44	45	33	53	36	43
FP ignores	5	1	2	3	1	9	4
FP not present	7	0	3	21	1	7	6

Some categories do not sum to 100% because of missing data and round-off error.

Table II-6

Project-by-Project Variations in Family Participation in Non-Home Visit Activities per Quarter

1 = Child Groups
2 = Parent Groups
3 = Other Activities
4 = Parent Policy Council Mtg
5 = Trips

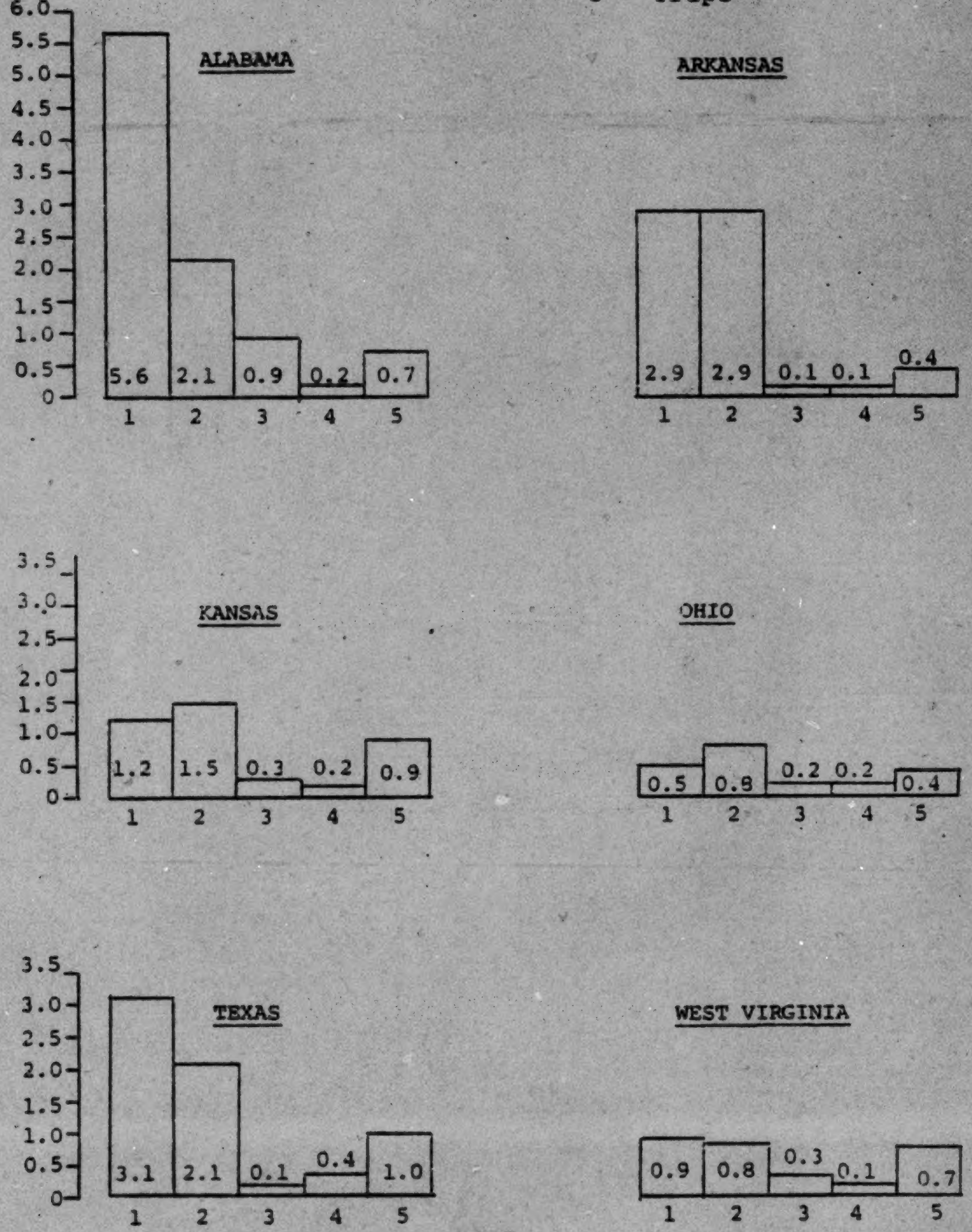

Table II-7

Average # of Referrals Made per Family Over a Period of a Year[1]

	Total # of Referrals Made per Family	Services Provided Through Referrals (per family)				Referrals made for: (per family)		
		Health	Psychological/ Social	Nutrition	Education	Focal Children	Parents	Other Members of the Family
Alabama	3.9(5.7)	2.3(3.3)	1.2(1.8)	0.1(0.2)	0.3(0.4)	2.3(3.4)	1.5(2.2)	0.1(0.1)
Arkansas	3.7(6.1)	2.0(3.3)	0.6(1.0)	1.0(1.6)	0.1(0.2)	1.1(1.8)	1.7(2.9)	0.9(1.5)
Kansas	5.2(8.5)	2.5(4.1)	1.8(3.0)	0.6(1.0)	0.3(0.4)	2.8(4.6)	1.7(2.7)	0.7(1.2)
Ohio	4.4(7.0)	1.5(2.5)	1.0(1.5)	0.4(0.7)	1.5(2.3)	1.5(2.5)	1.8(2.6)	1.2(2.0)
Texas (Houston)	6.4(14.4)	3.7(8.4)	1.3(3.0)	0.4(0.9)	1.0(2.2)	3.8(8.6)	2.4(5.5)	0.1(0.3)
West Virginia	30.0(46.7)	17.4(27.1)	8.4(13.1)	3.6(5.6)	0.6(0.9)	23.4(36.4)	6.0(9.3)	0.6(0.9)
Average Summative Projects	8.9(14.7)	4.9(8.1)	2.4(3.9)	1.0(1.7)	0.6(1.1)	5.8(9.5)	2.5(4.2)	0.6(1.0)
Alaska	8.1(12.5)	4.3(6.6)	0.2(0.4)	1.5(2.4)	2.1(3.1)	4.3(6.6)	3.6(5.5)	0.2(0.4)
Arizona	3.7(5.4)	3.6(5.3)	0.05(0.05)	0.05(0.05)	- -	3.7(5.4)	-	-
California	2.6(4.8)	1.5(2.8)	0.9(1.7)	0.05(0.1)	0.1(0.2)	1.3(2.4)	1.0(1.8)	0.3(0.6)
Massachusetts	4.8(7.0)	1.4(2.1)	1.9(2.8)	0.9(1.3)	0.5(0.8)	2.2(3.2)	2.6(3.8)	-
Nevada	4.7(9.3)	4.0(7.9)	0.5(1.0)	0.1(0.3)	0.05(0.1)	4.3(8.5)	0.4(0.8)	-
New York	6.2(10.3)	4.1(6.8)	2.0(3.3)	- -	0.1(0.2)	4.2(6.9)	1.6(2.6)	0.5(0.8
North Carolina	13.6(21.3)	5.4(8.5)	2.4(3.8)	3.5(5.5)	2.2(3.4)	5.6(8.7)	5.7(8.9)	2.3(3.6)
Tennessee	4.4(7.2)	3.8(6.2)	0.3(0.4)	0.1(0.1)	0.3(0.4)	3.5(5.7)	0.5(0.8)	0.4(0.7)
Texas-TMC[2]	N/A(10.0)	N/A(9.3)	N/A(0.4)	N/A(0.2)	N/A(0.1)	N/A(6.1)	N/A(3.3)	N/A(0.6)
Utah	1.5(4.0)	1.1(2.9)	0.1(0.2)	0.2(0.5)	0.1(0.3)	1.1(3.0)	0.4(1.0)	-
Average Non-Summative Projects	5.5(9.2)	3.2(5.8)	0.9(1.4)	0.7(1.0)	0.6(0.9)	3.4(5.7)	1.8(2.9)	0.4(0.7)
Average All Projects	7.2(12.0)	4.1(7.0)	1.7(2.7)	0.9(1.4)	0.6(1.0)	4.6(7.6)	2.2(3.6)	0.5(0.9)

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[1] Based on referral data from Home Start Information System covering the period October 1, 1974 through September 30, 1975. Per family referrals are presented on the basis of the total number of families served during the year (see Interim Report VI, pp. 107), as well as on the basis of average quarterly enrollment (figures in parentheses).

[2] No information available regarding the total number of families served during the year.

Table II-8

Profile of "Other Group Activities" Offered by Sites

	Field Trips	Parent Workshops			Parent Training	Social Events	Other
		Career	Ed	Crafts			
Alabama	X	X				X	
Alaska	X		X		X		X
Arizona							
Arkansas	X					X	
California			X		X	X	X
Kansas	X	X				X	
Massachusetts				X			
Nevada				X		X	
New York	X		X	X			
North Carolina	X	X				X	X
Ohio			X			X	
Tennessee			X	X	X		X
Texas - Houston	X		X	X			
Texas - TMC	X		X	X		X	X
Utah			X			X	X
West Virginia	X						X

Table II-9

Parent Policy Council Membership[1]

Site	# of Members	# of Home Start Parents	# of Head Start Parents	# of Community Representatives	# of Home Start Staff	# of Head Start Staff	# of Umbrella Agency Reps
ALABAMA	13	⌂⌂⌂⌂⌂		🧍◖			
ALASKA	22	⌂⌂⌂⌂⌂⌂⌂◖	☺☺☾	🧍			
ARIZONA	12	⌂◖	☺☺☺☺☾				
ARKANSAS	32	⌂⌂⌂⌂	☺☺☺☺☺☺☺☺	🧍🧍🧍🧍			
CALIFORNIA	45	⌂⌂	☺☺☺☺☺☺☺☺☺☺☺ ☺☺☺☺☺☺☺☺☺☾				
KANSAS	21	⌂⌂⌂⌂⌂⌂⌂		🧍🧍🧍◖			
MASSACHUSETTS	18	⌂⌂⌂⌂⌂⌂⌂⌂⌂					
NEVADA	20	⌂⌂⌂⌂⌂	☺☺☺☺☺				
NEW YORK	24	⌂⌂⌂⌂⌂⌂⌂		🧍🧍🧍🧍🧍			
NORTH CAROLINA	23	⌂⌂⌂	☺☺☺☾	🧍🧍◖	☗	●●	
OHIO	13	⌂⌂⌂⌂⌂⌂	☾				
TENNESSEE	8	⌂⌂⌂⌂					
TEXAS (HOUSTON)	8	⌂⌂⌂⌂					
TEXAS (TMC)	9	◖	☺☺	🧍			☂
UTAH	10	⌂⌂◖	☺☺☾				
WEST VIRGINIA	22	⌂⌂⌂⌂⌂⌂⌂⌂		🧍🧍🧍			

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[1] Each figure represents 2 individuals

Table III-1

Reasons for Terminations

	Mid Year	End of Year	Total Year
	(December & March Qtrs.)	(June & September Qtrs.)	
Total Family Terminations	209	585	794
Moving from Service Area	40%	15%	21%
Parent Employment	7%	5%	5%
Dissatisfied with Program	5%	1%	2%
Child Entering 1st Grade or Kindergarten	5%	53%	41%
Illness	1%	0%	0%
Lack of Interest	18%	6%	9%
Income Above Poverty Level	6%	0%	2%
Language Barrier	0%	0%	0%
Other	18%	20%	20%

Table III-2

Profile of Duration of Service Delivery

Project	% of Families Expected to Remain in Project for 19 Months to 2 Years
Alabama	83
Arkansas	75
Kansas	19
Ohio	26
Texas- Houston*	--
West Virginia	41
Average Summative Sites	49
Alaska	10
Arizona*	--
California	37
Massachusetts	18
Nevada	2
New York	50
North Carolina	10
Tennessee	8
Texas - TMC*	--
Utah	6
Average non-Summative Sites	16
Average All Sites	30

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*Enrollment data regarding the length of family enrollment was incomplete and therefore was omitted from the analyses.

Table III-3

Total Time Spent on Nutrition Activities Per Week

(in hours)

	PLANNING		TRAINING		CONSULTING		DIRECT SERVICES		OTHER		TOTAL	
	Fall 1974	Spring 1975	Fall 1974	Spring 1975	Fall 1974	Spring 1975	Fall 1974	Spring 1975	Fall 1974	Spring 1975	Fall 1974	Sprin 1975
Alabama	1.5	1.5	1.0	1.0	0.5	0.5	0	0	0	0	3.0	3.0
Alaska	6.0	4.0	8.0	4.0	4.0	5.0	1.0	0	0	1.0	19.0	14.0
Arizona	1.5	1.5	1.0	1.0	0.3	0.5	1.0	1.0	0.3	0.3	4.0	4.0
Arkansas	1.0	1.0	0.5	0.1	1.0	7.0	0.5	0.3	3.0	2.0	6.0	10.5
California	-------- NO BREAKDOWN AVAILABLE --------										5.0	5.0
Kansas	0	0	0	0	0	0	0	0	0	0	0	0
Massachusetts	0	0	0	0	0	0	6.0	6.0	0	0	6.0	6.0
Nevada	1.0	1	1.0	1.0	1.0	1.0	0	0	1.5	1.5	4.5	4.5
New York	0.8	0.8	0.5	0.5	0.5	0.5	0	0	0	0	1.8	1.8
North Carolina	6.0	6.0	1.0	1.0	0	0	6.0	6.0	2.0	2.0	16.0	16.0
Ohio	-	4.0	-	1.0	-	5.0	-	7.0	-	0	-	17.0
Tennessee	3.0	3.5	2.0	2.5	10.5	1.0	0.5	1.0	0	0	6.0	8.0
Texas-Houston	5.5	6.0	1.5	2.0	5.0	1.0	4.0	1.0	2.0	0	18.0	10.0
Texas-TMC	2.5	2.0	1.0	1.0	1.0	1.0	0.5	0	0	2.0	5.0	6.0
Utah	3.0	18.0	1.0	5.0	1.0	5.0	0	0	0	0	5.0	28.0
West Virginia	1.0	1.0	1.0	1.0	3.0	3.0	2.5	2.5	0	0	7.5	7.5

- = no data available

Table IV-1

HOME START CHILD OUTCOMES: TWO-YEAR VS. ONE-YEAR
Analysis of Covariance on Spring 1975 Scores[1]
(Six Summative Sites Included)

	Two-Year Home Start			One-Year Home Start					
	N	Spring Mean	Adj. Spring Mean	*N*	Spring Mean	Adj. Spring Mean	F	p	Summary
School Readiness									
Preschool Inventory	*84*	20.6	20.8	*53*	20.4	20.1	< 1	NS	
DDST Language	*84*	32.9	32.9	*53*	32.8	32.8	< 1	NS	
8-Block Child Score	*84*	6.1	6.1	*53*	5.8	5.8	< 1	NS	
8-Block Child Talk	*66*	3.5	3.5	*48*	2.7	2.7	1.2	NS	
Social-Emotional Development									
SBI Task Orientation	*103*	20.4	19.9	*68*	19.7	20.5	< 1	NS	
SBI Extra-Introversion	*103*	23.6	23.5	*68*	23.3	23.4	< 1	NS	
SBI Hostility Tolerance	*103*	17.3	17.1	*68*	18.6	18.9	2.4	NS	
POCL Test Orientation	*103*	27.2	27.0	*68*	26.7	27.0	< 1	NS	
POCL Sociability	*103*	19.2	18.8	*68*	19.2	19.7	< 1	NS	
Physical Development									
Height (inches)	*74*	43.3	43.2	*53*	43.6	43.8	2.1	NS	
Weight (pounds)	*74*	40.3	40.5	*53*	41.0	40.7	< 1	NS	
DDST Gross Motor	*74*	13.4	13.4	*53*	12.6	12.7	4.2	<.05	Two>One
DDST Fine Motor	*74*	14.1	14.0	*53*	13.8	13.9	< 1	NS	
Nutrition									
Milk Group	*94*	1.4	1.3	*69*	1.4	1.5	< 1	NS	
Meat Group	*94*	1.3	1.2	*69*	1.1	1.2	< 1	NS	
Egg Group	*94*	0.19	0.23	*69*	0.20	0.15	1.7	NS	
A-Vegetables	*94*	0.08	0.08	*69*	0.08	0.07	< 1	NS	
Citrus Fruits	*94*	0.29	0.28	*69*	0.27	0.28	< 1	NS	
Other Vegetables	*94*	1.8	1.7	*69*	1.7	1.8	< 1	NS	
Breads and Cereals	*94*	3.6	3.6	*69*	3.5	3.6	< 1	NS	
Nutrition Total	*94*	8.7	8.5	*69*	8.3	8.5	< 1	NS	
Vitamins	*94*	1.3	1.4	*69*	1.4	1.4	< 1	NS	
Medical Care									
Months since Doctor Visit	*98*	5.0	4.7	*68*	4.7	5.2	< 1	NS	
Checkup/Something Wrong	*98*	1.4	1.4	*68*	1.5	1.5	< 1	NS	
Been to Dentist	*98*	6.5	6.1	*68*	2.0	2.6	9.9	<.05	Two>One

[1] See text for explanation of the analysis of covariance procedure.

Table IV-2

HOME START MOTHER OUTCOMES: TWO-YEAR VS. ONE-YEAR
Analysis of Covariance on Spring 1975 Scores[1]
(Six Summative Sites Included)

	Two-Year Home Start			One-Year Home Start					
	N	Spring Mean	Adj. Spring Mean	N	Spring Mean	Adj. Spring Mean	F	p	Summary
Mother/Child Relationship									
H/S HES Mother Involvement	86	10.0	10.0	59	10.1	10.1	< 1	NS	
H/S HES Household Tasks	86	3.9	3.8	59	3.6	3.8	< 1	NS	
MBOS Supportive	86	7.7	7.6	59	7.1	7.2	< 1	NS	
MBOS Punitive	86	5.0	5.0	59	4.8	4.8	< 1	NS	
Mother as Teacher									
H/S HES Mother Teaches	66	4.50	4.21	48	4.02	4.41	< 1	NS	
8-Block Request Talk	66	.75	.78	48	.73	.69	< 1	NS	
8-Block Diagnostic	66	1.30	1.33	48	1.08	1.04	< 1	NS	
8-Block Talk About	66	1.48	1.31	48	.81	1.05	< 1	NS	
8-Block Interactions/min	66	8.04	7.90	48	7.17	7.37	< 1	NS	
8-Block Mean Length String	66	3.79	3.14	48	5.33	6.22	2.6	NS	
8-Block Feedback	66	.75	.78	48	.84	.80	< 1	NS	
Home Materials for Child									
H/S HES Books	94	4.1	4.2	61	4.0	3.9	1.8	NS	
H/S HES Playthings	94	4.0	4.0	61	3.8	3.8	< 1	NS	
Use of Community Resources									
Welfare Department	78	.40	.41	52	.23	.21	5.4	<.05	Two>One
Food Stamps Program	78	.58	.59	52	.58	.55	< 1	NS	
Medicaid	78	.41	.43	52	.31	.28	2.1	NS	
Local Hospital	78	.86	.87	52	.96	.94	< 1	NS	
Public Health Clinic	78	.81	.80	52	.81	.81	< 1	NS	
Mental Health Clinic	78	.05	.04	52	.04	.05	< 1	NS	
Family Counseling Agency	78	.02	.04	52	.04	.02	< 1	NS	
Planned Parenthood	78	.27	.28	52	.23	.21	< 1	NS	
Recreational Program	78	.15	.20	52	.13	.06	3.0	<.05	Two>One
Legal Aid Program	78	.04	.03	52	.00	.01	< 1	NS	
Housing Authority	78	.17	.16	52	.08	.08	2.4	NS	
State Employment Office	78	.14	.16	52	.15	.13	< 1	NS	
Job Training Program	78	.05	.06	52	.00	.00	2.9	<.05	Two>One
Organization Total	78	.81	.77	52	.65	.71	< 1	NS	

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[1] See text for explanation of the analysis of covariance procedure.

Table IV-3

TWENTY-MONTH CHILD OUTCOMES: HOME START VS. HEAD START
Analysis of Covariance on Spring 1975 Scores[1]
(Four Summative Sites Included)

	HOME START			HEAD START					
	N	Spring Mean	Adj. Spring Mean	*N*	Spring Mean	Adj. Spring Mean	F	p	Summary
School Readiness									
Preschool Inventory	*63*	21.5	21.0	*41*	20.7	21.5	< 1	NS	
DDST Language	*63*	33.4	33.0	*41*	32.7	33.4	< 1	NS	
8-Block Child Score	*63*	6.5	6.2	*41*	6.0	6.5	< 1	NS	
8-Block Child Talk	*46*	4.2	3.9	*40*	3.1	3.5	< 1	NS	
Social-Emotional Development									
SBI Task Orientation	*74*	21.3	21.1	*57*	20.0	20.3	< 1	NS	
SBI Extra-Introversion	*74*	23.9	23.8	*57*	23.4	23.5	< 1	NS	
SBI Hostility Tolerance	*74*	17.5	17.8	*57*	18.4	18.0	< 1	NS	
POCL Test Orientation	*74*	27.7	27.9	*57*	27.6	27.3	< 1	NS	
POCL Sociability	*74*	19.7	19.8	*57*	19.7	19.5	< 1	NS	
Physical Development									
Height (inches)	*54*	43.6	43.3	*43*	44.3	44.8	8.8	<.05	HMS<HDS
Weight (pounds)	*54*	41.0	41.8	*43*	44.1	43.1	2.0	NS	
DDST Gross Motor	*54*	13.7	13.6	*43*	13.0	13.1	1.7	NS	
DDST Fine Motor	*54*	14.2	14.2	*43*	13.9	14.0	< 1	NS	
Nutrition									
Milk Group	*66*	1.4	1.4	*57*	1.7	1.6	1.1	NS	
Meat Group	*66*	1.3	1.2	*57*	1.3	1.3	1.1	NS	
Egg Group	*66*	0.23	0.24	*57*	0.22	0.20	< 1	NS	
A-Vegetables	*66*	0.08	0.10	*57*	0.11	0.10	< 1	NS	
Citrus Fruits	*66*	0.26	0.27	*57*	0.52	0.51	5.3	<.05	HMS<HDS
Other Vegetables	*66*	1.8	1.8	*57*	2.1	2.1	3.6	NS	
Breads and Cereals	*66*	3.7	3.7	*57*	3.5	3.5	1.3	NS	
Nutrition Total	*66*	8.7	8.8	*57*	9.4	9.4	2.0	NS	
Vitamins	*66*	1.4	1.5	*57*	1.2	1.1	15.6	<.05	HMS>HDS
Medical Care									
Months since Doctor Visit	*72*	5.3	5.4	*57*	4.1	4.0	1.4	NS	
Checkup/Something Wrong	*72*	1.4	1.4	*57*	1.6	1.6	3.6	NS	
Been to Dentist	*72*	6.5	6.5	*57*	7.0	7.0	< 1	NS	

[1] See text for explanation of the analysis of covariance procedure.

Table IV-4

TWENTY-MONTH MOTHER OUTCOMES: HOME START VS. HEAD START
Analysis of Covariance for Spring 1975 Scores[1]
(Four Summative Sites Included)

	HOME START			HEAD START					
	N	Spring Mean	Adj. Spring Mean	N	Spring Mean	Adj. Spring Mean	F	p	Summar
Mother/Child Relationship									
H/S HES Mother Involvement	60	10.3	10.3	36	10.4	10.4	< 1	NS	
H/S HES Household Task	60	4.0	4.1	36	3.6	3.4	4.2	<.05	HMS>HDS
MBOS Supportive	60	7.8	7.8	36	7.2	7.1	1.8	NS	
MBOS Punitive	60	5.0	5.0	36	4.7	4.6	1.4	NS	
Mother as Teacher									
H/S HES Mother Teaches	46	4.61	4.87	40	4.40	4.10	2.9	NS	
8-Block Request Talk	46	.90	.75	40	1.12	1.29	2.8	NS	
8-Block Diagnostic	46	1.59	1.66	40	1.28	1.19	< 1	NS	
8-Block Talk About	46	1.31	1.10	40	.87	1.11	< 1	NS	
8-Block Interactions/min	46	8.64	7.42	40	7.09	8.51	< 1	NS	
8-Block Mean Length String	46	3.12	2.71	40	4.35	4.83	1.4	NS	
8-Block Feedback	46	.70	.65	40	.66	.73	< 1	NS	
Home Materials for Child									
H/S HES Books	67	4.2	4.5	54	4.5	4.3	< 1	NS	
H/S HES Playthings	67	4.0	4.0	54	4.0	3.9	< 1	NS	
Use of Community Resources									
Welfare Department	52	.21	.22	49	.33	.31	< 1	NS	
Food Stamps Program	52	.48	.50	49	.49	.47	< 1	NS	
Medicaid	52	.21	.23	49	.41	.39	2.5	NS	
Local Hospital	52	.92	.96	49	.96	.92	< 1	NS	
Public Health Clinic	52	.85	.88	49	.79	.76	1.7	NS	
Mental Health Clinic	52	.06	.04	49	.00	.02	< 1	NS	
Family Counseling Agency	52	.00	*	49	.04	*	2.2	NS	
Planned Parenthood	52	.29	.36	49	.24	.17	4.0	<.05	HMS>HDS
Recreational Program	52	.17	.23	49	.14	.08	2.4	NS	
Legal Aid Program	52	.04	.04	49	.06	.06	< 1	NS	
Housing Authority	52	.06	.07	49	.14	.13	< 1	NS	
State Employment Office	52	.19	.23	49	.28	.24	< 1	NS	
Job Training Program	52	.06	.08	49	.08	.05	< 1	NS	
Organization Total	52	.79	.87	49	1.3	1.2	2.9	NS	

[1] See text for explanation of the analysis of covariance procedure.

*Analysis of variance on postscore.

Table IV-5

NEW HOME START VS. OLD CONTROLS: CHILD OUTCOMES
Analysis of Covariance[1]

	Control (1973-1974)			Home Start (1974-1975)					
	N	Spring 1974 Mean	Adj. Spring Mean	*N*	Spring 1975 Mean	Adj. Spring Mean	F	p	Summary
School Readiness									
Preschool Inventory	*83*	13.3	14.0	*39*	17.3	15.8	3.1	NS	
DDST Language	*83*	29.3	29.7	*39*	31.3	30.5	1.4	NS	
8-Block Child Score	*83*	3.9	4.3	*39*	4.5	3.7	1.4	NS	
8-Block Child Talk									
Social-Emotional Development									
SBI Task Orientation	*116*	18.6	18.6	*58*	18.7	18.7	< 1	NS	
SBI Extra-Introversion	*116*	23.5	23.8	*58*	22.0	21.9	5.7	<.05	HMS<CNT
SBI Hostility Tolerance[2]	*116*	19.0	19.1	*58*	18.6	18.2	< 1	NS	
POCL Test Orientation	*116*	24.4	24.9	*58*	23.3	22.1	3.7	<.05	HMS<CNT
POCL Sociability	*116*	18.0	18.3	*58*	17.0	16.6	1.8	NS	
Physical Development									
Height (inches)	*88*	36.7	37.5	*41*	41.0	39.0	3.1	NS	
Weight (pounds)	*88*	41.0	41.5	*41*	43.3	42.4	5.6	<.05	HMS>CNT
DDST Gross Motor	*88*	12.0	12.0	*41*	12.2	12.0	< 1	NS	
DDST Fine Motor	*88*	12.4	12.7	*41*	13.0	12.7	< 1	NS	
Nutrition									
Milk Group	*119*	1.1	1.1	*60*	1.3	1.2	< 1	NS	
Meat Group	*119*	1.2	1.2	*60*	1.3	1.3	4.5	<.05	HMS>CNT
Egg Group	*119*	.23	.23	*60*	.19	.19	< 1	NS	
A-Vegetables	*119*	.99	.83	*60*	.60	.92	< 1	NS	
Citrus Fruits	*119*	.24	.26	*60*	.34	.28	< 1	NS	
Other Vegetables	*119*	1.6	1.7	*60*	1.6	1.5	< 1	NS	
Breads and Cereals	*119*	3.3	3.3	*60*	3.5	3.5	< 1	NS	
Nutrition Total	*119*	7.8	7.9	*60*	8.4	8.2	< 1	NS	
Vitamins	*119*	1.3	1.2	*60*	1.4	1.4	3.8	<.05	HMS>CNT

[1] See text for explanation of the analysis of covariance procedure.

[2] Low score is favorable.

Table IV-6

NEW HOME START VS. OLD CONTROLS: MOTHER OUTCOMES
Analysis of Covariance[1]

	CONTROL (1973-1974)			HOME START (1974-1975)					
	N	Spring 1974 Mean	Adj. Spring Mean	N	Spring 1975 Mean	Adj. Spring Mean	F	p	Summary
Mother/Child Relationship									
H/S HES Mother Involvement	96	9.9	10.0	54	10.0	9.8	< 1	NS	
H/S HES Household Tasks	96	3.0	3.0	54	3.5	3.3	< 1	NS	
MBOS Supportive	96	7.4	7.7	54	7.5	7.2	< 1	NS	
MBOS Punitive	96	5.2	5.2	54	5.3	5.3	< 1	NS	
Mother as Teacher									
H/S HES Mother Teaches	79	3.6	3.6	45	4.1	4.1	1.5	NS	
8-Block Request Talk	79	.51	.49	45	.78	.82	1.6	NS	
8-Block Diagnostic	79	.61	.63	45	1.0	1.0	2.5	NS	
8-Block Talk About	79	.91	.95	45	1.5	1.4	3.4	NS	
8-Block Interactions/min	79	6.0	6.2	45	7.1	6.7	< 1	NS	
8-Block Mean Length String	79	5.4	5.1	45	4.4	4.9	< 1	NS	
8-Block Feedback	79	1.1	1.2	45	1.3	1.1	< 1	NS	
Home Materials for Child									
H/S HES Books	103	4.0	4.0	56	4.2	4.2	< 1	NS	
H/S HES Playthings	103	3.1	3.1	56	3.8	3.8	3.3	NS	
Use of Community Resources									
Welfare Department	86	.35	.30	31	.48	.62	5.5	<.05	HMS>CNT
Food Stamps Program	86	.38	.39	31	.55	.52	< 1	NS	
Medicaid	86	.21	.21	31	.58	.59	7.7	<.05	HMS>CNT
Local Hospital	86	.51	.56	31	.65	.51	< 1	NS	
Public Health Clinic	86	.57	.56	31	.84	.86	3.6	NS	
Mental Health Clinic	86	.03	.04	31	.06	.06	< 1	NS	
Family Counseling Agency	86	.01	.01	31	.03	.03	< 1	NS	
Planned Parenthood	86	.15	.14	31	.19	.22	< 1	NS	
Recreational Program	86	.08	.10	31	.06	.00	1.1	NS	
Legal Aid Program	86	.01	.01	31	.06	.06	< 1	NS	
Housing Authority	86	.13	.12	31	.23	.26	2.5	NS	
State Employment Office	86	.02	.04	31	.10	.06	< 1	NS	
Job Training Program	86	.01	.01	31	.00	.00	< 1	NS	
Organization Total	86	.51	.57	31	.68	.51	< 1	NS	

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[1] See text for explanation of the analysis of covariance procedure.

Table IV-7

LICATION OF SEVEN-MONTH OUTCOMES: HOME START VS. CONTROL, CHILD OUTCOMES
Analysis of Covariance[1]

	Control (1973-1974)			Home Start (1974-1975)					
	N	Spring 1974 Mean	Adj. Spring Mean	N	Spring 1975 Mean	Adj. Spring Mean	F	p	Summary
School Readiness									
Preschool Inventory	74	15.3	15.6	41	13.6	12.9	13.1	<.05	HMS>CNT
DDST Language	74	30.0	30.2	41	29.9	29.5	2.0	NS	
8-Block Child Score	74	4.4	4.5	41	4.1	3.9	2.9	NS	
8-Block Child Talk	62	1.2	1.2	46	.89	.90	1.8	NS	
Social-Emotional Development									
SBI Task Orientation	99	20.2	20.0	64	17.9	18.3	6.6	<.05	HMS>CNT
SBI Extra-Introversion	99	23.8	23.8	64	23.3	23.3	< 1	NS	
SBI Hostility Tolerance[2]	99	18.7	18.6	64	20.0	20.1	2.8	NS	
POCL Test Orientation	99	23.7	23.6	64	23.5	23.6	< 1	NS	
POCL Sociability	99	17.1	16.9	64	17.6	18.0	1.6	NS	
Physical Development									
Height (inches)	71	40.9	41.0	50	41.0	40.8	1.1	NS	
Weight (pounds)	71	36.1	36.6	50	36.5	35.8	2.6	NS	
DDST Gross Motor	67	12.0	11.9	46	11.8	11.9	< 1	NS	
DDST Fine Motor	71	12.6	12.5	50	12.2	12.3	< 1	NS	
Nutrition									
Milk Group	91	1.3	1.3	66	1.1	1.1	1.1	NS	
Meat Group	91	1.3	1.3	66	1.2	1.2	5.1	<.05	HMS>CNT
Egg Group	91	.23	.23	66	.23	.23	< 1	NS	
A-Vegetables	91	.93	.93	66	.73	.74	< 1	NS	
Citrus Fruits	91	.25	.25	66	.22	.22	< 1	NS	
Other Vegetables	91	1.4	1.4	66	1.7	1.7	2.5	NS	
Breads and Cereals	91	3.3	3.3	66	3.3	3.3	< 1	NS	
Nutrition Total	91	8.0	8.0	66	7.9	7.9	< 1	NS	
Vitamins	90	1.3	1.3	66	1.2	1.2	1.8	NS	
Medical Care									
Months since Doctor Visit[2]	74	4.7	4.8	42	7.3	7.3	6.2	<.05	HMS<CNT
Checkup/Something Wrong[2]	94	1.5	1.5	64	1.8	1.8	18.9	<.05	HMS<CNT
Been to Dentist[2]	10	3.8	4.1	5	8.4	7.8	3.6	NS	

[1] See text for explanation of the analysis of covariance procedure.

[2] Low score is favorable.

Table IV-8

REPLICATION OF SEVEN-MONTH OUTCOMES: HOME START VS. CONTROL, MOTHER OUTCOMES
Analysis of Covariance[1]

	HOME START			CONTROL					
	N	Spring 1974 Mean	Adj. Spring Mean	N	Spring 1975 Mean	Adj. Spring Mean	F	p	Summary
Mother/Child Relationship									
H/S HES Mother Involvement	82	10.8	10.6	56	9.6	9.8	6.0	<.05	HMS>CNT
H/S HES Household Tasks	83	3.8	3.7	56	2.9	3.0	12.4	<.05	HMS>CNT
MBOS Supportive	80	7.8	7.7	53	7.4	7.5	< 1	NS	
MBOS Punitive	80	5.4	5.4	55	5.1	5.2	< 1	NS	
Mother as Teacher									
H/S HES Mother Teaches	54	3.9	3.7	46	3.3	3.4	1.3	NS	
8-Block Request Talk	62	.61	.63	46	.59	.57	< 1	NS	
8-Block Diagnostic	62	.85	.85	46	.59	.58	3.2	NS	
8-Block Talk About	62	1.31	1.27	46	.82	.87	5.0	<.05	HMS>CNT
8-Block Interactions/min	62	7.68	7.50	45	6.50	6.75	< 1	NS	
8-Block Mean Length String	62	5.57	5.53	45	5.20	5.25	< 1	NS	
8-Block Feedback	62	1.38	1.39	46	1.13	1.11	2.1	NS	
Home Materials for Child									
H/S HES Books	87	4.4	4.4	56	3.7	3.7	10.8	<.05	HMS>CNT
H/S HES Playthings	84	4.1	4.1	51	3.3	3.3	12.0	<.05	HMS>CNT
Use of Community Resources									
Welfare Department	76	.36	.33	48	.27	.30	< 1	NS	
Food Stamps Program	76	.34	.37	46	.48	.43	< 1	NS	
Medicaid	75	.23	.20	47	.19	.23	< 1	NS	
Local Hospital	75	.53	.53	47	.55	.56	< 1	NS	
Public Health Clinic	74	.64	.63	47	.72	.73	1.2	NS	
Mental Health Clinic	76	.12	.11	48	.04	.05	2.0	NS	
Family Counseling Agency	76	.03	.03	48	.02	.02	< 1	NS	
Planned Parenthood	76	.22	.23	47	.17	.16	1.3	NS	
Recreational Program	76	.08	.08	48	.08	.09	< 1	NS	
Legal Aid Program	76	.05	.05	48	.00	.00	2.6	NS	
Housing Authority	76	.12	.11	48	.08	.10	< 1	NS	
State Employment Office	74	.07	.07	47	.02	.02	1.4	NS	
Job Training Program	75	.05	.04	47	.02	.04	< 1	NS	
Organization Total	76	.89	.86	49	.63	.69	1.3	NS	

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[1] See text for explanation of the analysis of covariance procedure.

Table IV-9

NEW HOME START VS. OLD HOME START: CHILD OUTCOMES
Analysis of Covariance[1]

	Control (1973-1974)			Home Start (1974-1975)					
	N	Spring 1974 Mean	Adj. Spring Mean	N	Spring 1975 Mean	Adj. Spring Mean	F	p	Summary
School Readiness									
Preschool Inventory	124	14.8	15.5	39	17.3	15.4	< 1	NS	
DDST Language	124	30.0	30.4	39	31.3	30.2	< 1	NS	
8-Block Child Score	124	4.4	4.6	39	4.5	3.8	4.0	<.05	Old>New
8-Block Child Talk	113	1.1	1.2	45	2.1	1.9	7.9	<.05	Old<New
Social-Emotional Development									
SBI Task Orientation	172	19.9	19.8	58	18.7	19.0	1.1	NS	
SBI Extra-Introversion	172	23.6	23.8	58	22.3	21.7	9.6	<.05	Old>New
SBI Hostility Tolerance[2]	172	18.9	18.9	58	18.6	18.5	< 1	NS	
POCL Test Orientation	172	23.3	23.7	58	23.3	22.1	1.8	NS	
POCL Sociability	172	17.4	17.5	58	16.9	16.7	< 1	NS	
Physical Development									
Height (inches)	115	41.1	41.5	41	43.4	42.3	6.5	<.05	Old<New
Weight (pounds)	115	36.7	37.9	41	40.8	37.6	< 1	NS	
DDST Gross Motor	115	11.8	11.9	41	12.2	12.0	< 1	NS	
DDST Fine Motor	115	12.6	12.8	41	13.1	12.5	< 1	NS	
Nutrition									
Milk Group	157	1.3	1.3	60	1.3	1.3	< 1	NS	
Meat Group	157	1.3	1.3	60	1.4	1.4	1.1	NS	
Egg Group	157	.24	.23	60	.19	.21	< 1	NS	
A-Vegetables	157	.90	.80	60	.60	.86	< 1	NS	
Citrus Fruits	157	.22	.22	60	.34	.33	1.7	NS	
Other Vegetables	157	1.5	1.6	60	1.6	1.5	< 1	NS	
Breads and Cereals	157	3.3	3.4	60	3.5	3.3	< 1	NS	
Nutrition Total	157	8.0	8.2	60	8.4	8.0	< 1	NS	
Vitamins	157	1.3	1.3	60	1.4	1.5	4.6	<.05	Old<New

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[1] See text for explanation of the analysis of covariance procedure.

[2] Low score is favorable.

Table IV-10

NEW HOME START VS. OLD HOME START: MOTHER OUTCOMES
Analysis of Covariance[1]

	OLD HOME START			NEW HOME START					
	N	Spring 1974 Mean	Adj. Spring Mean	N	Spring 1975 Mean	Adj. Spring Mean	F	p	Summ
Mother/Child Relationship									
H/S HES Mother Involvement	139	10.8	10.7	54	10.0	10.3	< 1	NS	
H/S HES Household Tasks	139	3.7	3.7	54	3.5	3.4	1.4	NS	
MBOS Supportive	139	7.9	7.9	54	7.5	7.4	1.6	NS	
MBOS Punitive	139	5.4	5.4	54	5.3	5.2	< 1	NS	
Mother as Teacher									
H/S HES Mother Teaches	113	3.9	3.8	45	4.1	4.1	< 1	NS	
8-Block Request Talk	113	.60	.60	45	.80	.90	2.4	NS	
8-Block Diagnostic	113	.87	.84	45	1.0	1.1	1.2	NS	
8-Block Talk About	113	1.4	1.4	45	1.5	1.5	< 1	NS	
8-Block Interactions/min	113	7.1	7.8	45	7.1	6.7	1.5	NS	
8-Block Mean Length String	113	4.7	4.4	45	4.4	5.2	< 1	NS	
8-Block Feedback	113	1.4	1.4	45	1.3	1.2	1.5	NS	
Home Materials for Child									
H/S HES Books	164	4.2	4.2	56	4.2	4.1	< 1	NS	
H/S HES Playthings	164	4.0	4.0	56	3.8	3.6	2.0	NS	
Use of Community Resources									
Welfare Department	134	.37	.37	31	.48	.52	1.9	NS	
Food Stamps Program	134	.40	.42	31	.55	.45	< 1	NS	
Medicaid	134	.28	.26	31	.58	.67	11.1	<.05	Old<New
Local Hospital	134	.62	.64	31	.65	.55	< 1	NS	
Public Health Clinic	134	.60	.60	31	.84	.83	3.0	NS	
Mental Health Clinic	134	.07	.06	31	.06	.08	< 1	NS	
Family Counseling Agency	134	.01	.02	31	.03	.01	< 1	NS	
Planned Parenthood	134	.24	.22	31	.19	.26	< 1	NS	
Recreational Program	134	.10	.12	31	.06	.02	1.3	NS	
Legal Aid Program	134	.06	.06	31	.06	.08	< 1	NS	
Housing Authority	134	.22	.24	31	.23	.14	1.3	NS	
State Employment Office	134	.09	.09	31	.10	.09	< 1	NS	
Job Training Program	134	.04	.04	31	.00	.01	< 1	NS	
Organization Total	134	.90	.91	31	.68	.66	< 1	NS	

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[1] See text for explanation of the analysis of covariance procedure.

Table IV-11

MEAN SCORES ON CLASSROOM BEHAVIOR INVENTORY ITEMS AND COMPOSITION OF SCALES

Item	Mean	Scale
1. Will laugh and smile easily and spontaneously in class.	3.3	Extraversion[1]
2. Will work earnestly at his classwork; will not take it lightly.	3.2	Task-Oriented Behavior
3. Will have a low, unsteady or uncertain voice when speaking to teacher or a group of classmates.	2.3[2]	Extraversion
4. Will be quickly distracted by events in or outside the classroom.	2.6[2]	Task-Oriented Behavior
5. Will try to get even with child with whom he is angry.	2.0[2]	Considerateness
6. Will wait his turn willingly.	3.2	Considerateness
7. Will usually be sad, solemn and seriously looking.	2.0[2]	Extraversion
8. Will like to express his ideas and views.	3.0	Extraversion
9. Will sometimes pay attention; other times must be spoken to constantly.	2.6[2]	Task-Oriented Behavior
10. Will watch carefully when teacher or a classmate is showing how to do something.	3.3	Task-Oriented Behavior
11. Will get angry quickly when others do not agree with his opinion.	2.0[2]	Considerateness
12. Will not wait for others to approach him, but seeks out others.	2.7	Extraversion
13. Will try not to do or say anything which would hurt others.	2.8[2]	(dropped)
14. Will often not be able to answer a question, because his mind has wandered.	2.3[2]	Task-Oriented Behavior
15. Will give the other an opportunity to express his point of view.	3.2	Considerateness

[1] The positive pole of the scale is used as an abbreviation for the entire scale name.

[2] Scores for negative items should be subtracted from 5 to be comparable to positive items.

Continued:

Table IV-11

MEAN SCORES
ON CLASSROOM BEHAVIOR INVENTORY ITEMS AND COMPOSITION SCALES
(continued)

Item	Mean	Scale
16. Will redicule and mock others without regard for their feelings.	1.7[2]	Considerateness
17. Will tend to withdraw and isolate himself, even when he is supposed to be working with a group.	2.0[2]	Extraversion
18. Will stick with a job until it is finished, even if it is difficult for him.	3.0	Task Oriented Behavior

[1] The positive pole of the scale is used as an abbreviation for the entire scale name.

[2] Scores for negative items should be subtracted from 5 to be comparable to positive items.

Table IV-12

MEAN SCORES ON PARENT BEHAVIOR INVENTORY ITEMS AND COMPOSITION OF SCALES

Item	Mean	Scale
1. The parents in this family will work with teachers and other school staff to help the children's school experience.	3.4	Social and Educational Development
2. The focal parent(s) will probably not maintain the gains in personal skills and self-determination she has achieved while she was in Home Start.	2.1[1]	(dropped)
3. This family will maintain a safe, clean and healthy physical environment for the children and other family members.	3.5	Health and Nutrition
4. I will receive frequent phone calls from this family asking for help in solving some problem like transportation, community resources, family or child problems, etc.	2.0[1]	Independence
5. The focal parent(s) will be actively involved in organizing other parents for purposes such as tenant and/or welfare rights, discussions about community affairs, involvement in the schools, etc.	2.4	Social and Educational Development
6. This family will know whom to contact in the community to obtain help for any personal or family problems.	3.5	(dropped)
7. The parents in this family do not care enough to continue working with the children.	1.8[1]	(dropped)
8. The focal parent will provide a healthy diet for her family.	3.5	Health and Nutrition
9. This family will need a lot of continuing support to maintain the abilities learned during Home Start involvement.	2.1[1]	Independence

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[1] Scores for negative items should be subtracted from 5 to be comparable to positive items.

Continued:

Table IV-12

MEAN SCORES ON PARENT BEHAVIOR INVENTORY ITEMS AND COMPOSITION OF SCALES (continued)

Item	Mean	Scale
10. The focal parent(s) will not have any contact with other Home Start families after they leave the the program.	2.2[1]	Community Contact
11. The focal parent will insure appropriate and timely health care for her children.	3.5	Health and Nutrition
12. The focal parent will continue her own development in a useful way.	3.3	Social and Educational Development
13. The focal parent will continue to teach the child in the home and provide a stimulating home environment for the family.	3.3	Social and Educational Development
14. The parents in this family will not support a strong community network.	2.1[1]	Community Contact
15. The focal parent will continue to be involved in job training programs or adult education courses to upgrade skills.	2.5	Social and Educational Development
16. This family will not be using a wide variety of community resources.	2.3[1]	Community Contact

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[1] Scores for negative items should be subtracted from 5 to be comparable to positive items.

Table IV-13

STAFF SKILL ACQUISITION

	HOME VISITOR		OTHER STAFF	
	Number of Home Visitors Who "Learned Most" About Skill	Average Rating of Amount Learned*	Number of Staff Who "Learned Most" about Skill	Average Rating of Amount Learned*
Teaching parents about their role as educators	47	2.9	7	2.1
Teaching kids	15	2.6	3	1.4
Training staff in a home-based program	3	1.8	9	2.2
Management and administrative skills	1	1.2	7	2.1
Helping parents get needed services from other community agencies	8	2.6	4	1.8
Teaching parents to provide better health and nutrition for their children	6	2.5	3	1.6
Helping parents solve family problems	4	2.4	0	1.5
Teaching parents to get needed services for themselves	3	2.6	2	1.7
Helping parents to get involved in community affairs such as welfare rights organizations, etc.	3	1.9	0	1.3
Helping community agencies get needed services to parents	0	2.0	1	1.5
Teaching parents improved home management skills	0	2.2	0	1.1
152 TOTAL	90		36	

*0 = nothing; 3 = "a great deal"

Table IV-14

REGRESSION RESULTS: TIME AND FREQUENCY OF HOME VISITS

$$\text{DDST:S75} = \underset{(1.683)}{21.839} + \underset{(0.062)}{0.308}(\text{DDST:F73}) + \underset{(0.159)}{0.299}(\text{8BLK:F73}) + \underset{(0.049)}{0.112}(\text{\#VISIT}$$

$$R^2 = 0.396$$

$$\text{\#VISITS} = \underset{(5.204)}{20.749} + \underset{(0.069)}{0.182}(\text{FCAGE}) - \underset{(0.965)}{2.883}(\text{URBAN}) - \underset{(1.665)}{3.878}(\text{HVKIDS})$$

$$R^2 = 0.238$$

$$\text{TIM/VST} = \underset{(16.30)}{180.05} - \underset{(0.358)}{0.817}(\text{FCAGE}) - \underset{(0.987)}{4.960}(\text{\#FAMLIES})$$

$$R^2 = 0.669$$

DDST:S75 - Language Scale of the Denver Developmental Screening Test, Spring 1975 Score

DDST:F73 - Language Scale of the Denver Developmental Screening Test, Fall 1973 Score

8BLK:F73 - 8-Block Child Score, Fall 1973

#VISITS - number of home visits made to the family between Fall 1974 and Spring 1975

FCAGE - age of the focal child, Fall 1973

URBAN - dummy variable, equals 1.0 if family lives in urban area, 0.0 otherwise

HVKIDS - dummy variable, equals 1.0 if home visitor has any children, 0.0 otherwise

TIM/VST - length of average home visit to the family in minutes

#FAMLIES - number of families assigned to the home visitor

Standard errors are given in parentheses; sample consists of 82 families.

APPENDIX A

METHODOLOGY: COLLECTION AND ANALYSIS OF PROGRAMMATIC DATA

METHODOLOGY: DATA COLLECTION AND ANALYSIS

In the spring of 1975, site visits were made to all sixteen Home Start Projects. The major objectives of the data collection effort were:

- To study selected programmatic issues identified in Interim Report VI and by Office of Child Development officials. These include studies of:
    - the duration and intensity of service delivery to determine whether Home Start should be viewed as a one- or two-year program and how the types and amounts of services provided to families varied across and within sites. Information was also obtained on the home visit to reassess its adequacy in terms of parent/child treatment and to determine how its focus had changed over two years.
    - National Office support services provided to local Home Start projects during the three-year demonstration to find out what impact these services had on project operations, especially in the areas of home visitor supervision and nutrition, and to arrive at recommendations for the types and amounts of support that should be provided to future demonstration programs.
- To report on various aspects of phase-out operations of the sixteen Home Start projects at the conclusion of the three-year demonstrations. Information was gathered to determine what effect the ending of the demonstration had on projects, staff and families.
- To collect expenditure data on the Home Start projects[1] for the period October 1, 1973 through September 30, 1974, including both Office of Child Development grants and levered resources

In addition to collecting data for this report, staff from the local projects were given an opportunity to talk about what they had learned during the three-year demonstration. Their experiences are reported in a separate volume, Homesbook, which along with the Guide on Planning and Operating Home-Based

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[1] Actual expenditure data were collected only on the ten non-summative projects since yearly data had already been obtained from the six summative projects in the fall of 1974.

Programs,[1] will be of assistance to people who want to start a home-based program or improve an already existing one. Many of the topics addressed in the Homesbook were included at the suggestion of local project directors who discussed this volume at the March 1975 Home Start Conference in St. Louis. The Homesbook was prepared in lieu of the final set of case studies on individual projects[2] since a composite of staff experiences over the three-year Home Start demonstration period would be more valuable to future home-based efforts.

Data Collection Instruments

Table A-1 shows the data collection instruments which were used to obtain programmatic information for this report. The general purpose of each instrument is described.

Homesbook interviews were centered around five modules, each addressing a wide range of issues. The modules are described briefly in Table A-2. Although some general questions were asked in all sites, most interviews with staff were tailored to a particular project based on case studies and conversations with project staff in St. Louis. Most of the interviews were taped to permit the use of direct quotes.

Site Visit Staff and Training

Site visits were conducted by five experienced field staff members from Abt Associates Inc.[3] Site visits to non-summative projects lasted 3 1/2 days. Visits to the six summative projects were one day shorter because cost data had already been obtained in the fall of 1974.

A day and a half of training was conducted in Cambridge, Massachusetts for field staff to acquaint them with the Program Analysis (including Cost) instruments. An additional day was devoted to Homesbook instruments, and to review interviewing and recording techniques. Each field staff member spent an additional half day with the Book Coordinator, Kathy Hewett, for a review of site-specific questions.

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[1] Prepared by the Office of Child Development in June 1974.

[2] Individual case studies are included in Interim Reports I (August, 1972), II (July, 1973), and III (August, 1973).

[3] Kathy Hewett, Marrit Nauta, Bridget O'Farrell, Andee Rubin, and Mona Stein.

Most of the field staff had been actively involved in the development of the data collection instruments.

No training was provided in the Family Services Questionnaire, the Home Visiting Record, the Child and Parent Behavior Inventories and the Staff Questionnaire since these were self-administered by Home Start project staff. Site visit staff were familiar with the instruments, however, so they could assist project staff in completing them on site, if needed. Training for the Home Visit Observation Instrument which was administered by community interviewers lasted approximately two days and used role plays as the primary training method.[1]

Data Reduction and Analysis

Several of the sections reporting programmatic information required some degree of analysis. Most of the analyses were done manually. Data on the home visit observations and the two behavior inventories, however, were complex enough to require extensive computer support. Data from both instruments were coded and keypunched at Abt Associates Inc., with careful monitoring to reduce the amount of error. Coding was spot-checked and all keypunching was verified. The CDC 6400 at the Smithsonian Astrophysical Observatory (SAO) in Cambridge, Massachusetts was used to perform the computer analyses. Since in both cases the analysis was fairly complex, both procedures are described here in detail.

Home visit observations. Certain characteristics of the entire visit (e.g., the participants and the length of the visit) were computed using the Statistical Package for the Social Sciences (SSPS). The computation of the amount of time spent in various interaction patterns, action modes and content areas was done by Fortran IV program. The program's major task was to construct a picture of an entire home visit by combining data on each activity within the visit. In completing the Home Visit Observation Instrument, observers designated every interaction and content area they saw during each activity, as well as choosing the most prevalent of each. In previous reports, only the most prevalent interaction (e.g., home visitor initiating to focal parent) and action modes (e.g., focal child asking) were used in totaling the amount of time spent in each area during the entire visit. In the calculations of time spent on various content areas, on the other hand, all content areas observed were used and the time divided among them accordingly, with a greater percentage of the time going to the most prevalent content area. In this report, the method used previously for content areas was used uniformly for interaction patterns, action modes and content. This did not radically change the computed shape of the home visit, but should present a somewhat more accurate picture of the way time is spent during the home visit. This new algorithm was also applied to the fall 1974 data in constructing the totals displayed in Figure II-6, so that the comparison between fall 1974 and spring 1975 data would be meaningful.

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[1] The instruction manual for the Home Visit Observation Instrument can be found in Interim Report VI, Appendix C, pp. 141-165.

Behavior inventories. The analysis of the Classroom Behavior Inventory and the Parent Behavior Inventory was done using SPSS. First, frequencies and means were calculated for each item. Next, a factor analysis was performed on each instrument. The analysis indicated three factors in the Classroom Behavior Inventory. These were essentially the same factors which Schaefer had found in his work with the instrument, so they were named as he did: Extraversion/ Introversion, Considerateness/Hostility, and Task-Oriented Behavior/Distractability. Table IV-5 indicates which items were included on each scale. Item 13 on the Classroom Behavior Inventory was omitted because of its low communality (.08) and because it did not load high on any factor. Table A-3 shows the rotated factor matrix for the Classroom Behavior Inventory.

The Parent Behavior Inventory factor analysis was more difficult because, unlike the Classroom Behavior Inventory, the instrument had not been designed with factor analysis in mind. Also, several items on the Parent Behavior Inventory apparently confused home visitors filling out the form. These were items 2, 7, 10, 14 and 16 -- all items which contained explicitly the word "not." Reports from project directors indicated that home visitors had trouble figuring out the direction of the scale on these negative items. A preliminary analysis showed some obviously incorrect responses to these items as well. For example, item 7 ("The parents in this family do not care enough to continue working with the children") is almost the opposite of item 13 ("The focal parent will continue to teach the child in the home and provide a stimulating home environment for the family"). It is improbable that a home visitor would judge the same family to be a 4 ("very much like") or 1 ("not at all like") for both items. However, some 8% of the Parent Behavior Inventories exhibited these combinations. Therefore, the scores for these items must be interpreted in this light. Two of the negative items (2 and 7) were excluded from scale score construction because of this problem and because they duplicated information in other items.

Given these considerations, four factors were extracted from the Parent Behavior Inventory. An examination of the items included in each one suggested the names: 1) Family Health and Nutrition; 2) Parental Social and Educational Development; 3) Community Contact and, 4) Independence. Of the five factors indicated by the analysis, only four were used to construct scale scores. The factor composed of negative items 2 and 7 was excluded for reasons mentioned above. Item 6 was omitted because of its low communality (.14) and because it did not load high on any of the factors. The remaining four factors all appeared to be coherent in that they centered around a common topic, as their names indicate. Table IV-6 indicates which items were included on each scale and Table A-3 contains the rotated factor matrix for the Parent Behavior Inventory.

Items which loaded high on each factor were grouped into a scale; in Table A-3, the items contained on each scale are underlined. Unweighted scale scores were constructed by taking the mean of item scores on each scale. The scores on negative items (e.g., "Will be quickly distracted by events in or outside the classroom") were reversed by subtracting them from 5 before they were used in the construction of scale scores.

Table A-1

Program Analysis and Cost Instruments

Spring 1975

Instrument	Purpose
I. PROJECT INFORMATION	
● Director's Interview	I. Mix of Services -- The questionnaire was designed to obtain data regarding the intensity of services delivery to families. Information from this interview, together with Home Visiting Records and Family Service Questionnaire data, formed the basis for discussions about across and within site variations in terms of service delivery.
	II. Home Visitor Supervision -- In followup to findings reported in Interim Report V (October 15, 1974), a questionnaire was developed to find out whether OCD guidance resulted in an increase in supervision. The interview also sought more detailed information about how home visitors are supervised, staff reresponsible for supervision tasks, and across site variations in the types and frequency of supervision.
	III. National Office Support -- On this questionnaire, directors were asked to describe the types and amount of support they received from OCD during the three-year demonstration, how these services were valued by local projects and what impact they had on local project operations. Directors also were asked to help formulate recommendations for support services to be provided to future demonstration programs.
	IV. Phase Out/Future -- A questionnaire designed to determine what plans Home Start projects had to

Instrument	Purpose
	continue operations at the conclusion of the demonstration program, as well as arrangements local projects made for providing continuing support to families following graduation. Some questions also were asked to determine directors' views about the length of time families should be enrolled in Home Start.[1]
• Nutrition Interview	This instrument was designed to find out whether projects made any changes in their nutrition activities with families and home visitor training in response to OCD guidance urging action to bring improvements in the diets of children. Two separate questionnaires were used for summative and non-summative projects since the former group was interviewed extensively about their nutrition component in the fall of 1974. Fall interview data were reported in Interim Report VI.
• Family Services Questionnaire	This self-administered instrument was completed by all home visitors in summative as well as non-summative projects. It was designed to determine what types of activities families participate in, such as group meetings for children and/or parents, parent policy council meetings, social gatherings, etc. The home visitors also were asked to indicate how frequently families had been in contact with them after graduation and who initiated the contact. This last group of data was obtained in order to address the home visitor - family dependency issue.

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[1] Data collected in the fall of 1974 from the six summative projects also were used to address the issue of length of family enrollment. For a description of the Instruments used see Interim Report VI, pp. 127.

Instrument	Purpose
- Home Visiting Records	For each summative family, home visitors indicated for a period of a year[1] (July 1, 1974 through June 30, 1975) the frequency and duration of home visits, how often the family participated in children's and/or parent group meetings, parent policy council meetings, social gatherings, trips to the doctor, and other activities. In addition, home visitors recorded how often they made brief visits to each of the families. Data were collected to determine not only variations in service delivery, but also the extent to which variations affected family outcomes. This issue was addressed in Chapter IV of this report.
- Child and Parent Behavior Inventories	A child and parent behavior inventory was developed to obtain some information from home visitors about predicted behavior of Home Start families after their graduation from the program. The Child Behavior Inventory was based on Earl Schaefer's instrument designed for teachers to record pupil behavior in the classroom. On the Behavior Inventory, home visitors indicated what school the focal child was expected to enroll in, expected date of enrollment and whether the child would be involved in nursery, kindergarten or 1st grade. These data were obtained for a possible follow-up study of focal children after they enter public school.
- Home Visit Observation Instrument	The fall Home Visit Observation Instrument was used to observe a

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[1] Data for the summer months (July through September) were obtained during spring site visits rather than being recorded on a weekly basis as was done for the remainder of the year. The data, as a result, are less detailed and accurate.

strument	Purpose
	maximum of three "summative" families per home visitor. Families were randomly selected for observation purposes. The data were collected to determine whether the major interaction patterns and the amount of time spent on various child and parent activities changed since the fall.
• Staff Questionnaire (self-administered)	This instrument was designed to find out plans of home visitors and other staff after the conclusion of the Home Start demonstration. The questionnaire also sought information about employment background of staff and skills they had obtained as a result of their involvement in Home Start. Four staff in each project were interviewed to find out what impact their association with Home Start had on their personal lives and plans for their future.
• Home Start Information Reports	On families, staff, referrals from the sixteen Home Start projects.
II. COST INFORMATION	
• Actual Expenditures	Data were collected in the ten non-summative projects regarding their actual expenditures for the one-year period starting October 1, 1973 and ending September 30, 1974, including payroll data, fringe benefits, travel allowance and expenditures, occupancy, and contractor/consultant services. The data were used to determine the actual cost in federal dollars per focal child and family for a one-year period.
• Levered Resources	Data were also obtained regarding levered personnel and non-personnel resources in order to determine the "total cost" per child and family.

Table A-2

Book Instruments[1]

Spring 1975

Working with Families addressing the issues of:

● family recruitment and expectations; ● individualizing plans for families and assessment of family needs (including planning for bilingual/multicultural families and handicapped children); ● involvement of siblings in Home Start activities; ● children's groups.*

Parent Involvement addressing the issues of:

● fathers;* ● parent groups;* ● education and job training programs; ● parent involvement in program elements -- curriculum, training, evaluation, policy councils; ● participation in community affairs.

Staff addressing the issues of:

● selection, recruitment and characteristics; ● roles of staff -- supervisors, home visitors and specialists; ● staff training (both in- and pre-service); ● evaluation accountability and staff performance.

Management and Organization addressing the issues of:

● program structure;* ● affiliation with other programs and agencies;* ● Head Start relationship; ● locating resources;* ● transportation; ● accountability* (including record keeping and local politics); ● management styles.

Program

A. Education:

- content (cognitive, health, nutrition);
- materials used in visits;
- curriculum development processes;
- teaching parents to teach their kids.

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[1] Issues followed by an asterisk were addressed in all sixteen Home Start projects.

B. Services:

- provided to families;*
- getting services to families;
- outside agencies (arrangements and advocacy).

C. Long-range planning and setting priorities.

Vignettes on staff and parent meetings

Profiles of Directors, Specialists and home visitors.

Table A-3

Factor Matrices for Classroom and Parent Behavior Inventories

Varimax Rotated Factor Matrix
After Rotation with Kaiser Normalization

	Classroom Behavior Inventory		
	Extroversion Introversion	Task-Oriented Behavior/ Distractability	Considerateness/ Hostility
Item 1	-.67283	.20622	.05237
Item 2	-.31863	.72136	-.06505
Item 3	.66933	-.03997	.05899
Item 4	.18706	-.38094	.33000
Item 5	-.09018	-.15219	.71705
Item 6	.00987	.42671	-.42602
Item 7	.74202	-.00237	.17635
Item 8	-.69484	.33495	.13198
Item 9	.19760	-.40980	.39068
Item 10	-.21100	.67976	-.15248
Item 11	-.01998	-.11547	.75838
Item 12	-.56835	.17092	.20500
Item 13	.01189	.26961	-.08982
Item 14	.34623	-.44998	.31951
Item 15	-.01192	.39656	-.38814
Item 16	.04496	-.20705	.58603
Item 17	.69499	-.14239	.14267
Item 18	-.27870	.67442	-.19343

	Parent Behavior Inventory				
	Health and Nutrition	Social and Educational Development	(not used)	Community Contact	Independence
P Item 1	.36134	.61354	-.17245	-.03418	-.11761
P Item 2	-.08528	-.10471	.64385	.28188	.07514
P Item 3	.72926	.32405	-.11911	.00473	-.11306
P Item 4	-.07587	.05794	.02374	.02616	.44685
P Item 5	.11393	.76636	.00500	-.12446	.14742
P Item 6	.16922	.32869	.02105	-.08931	-.02126
P Item 7	-.15964	-.15320	.61985	.21928	.04245
P Item 8	.77697	.29475	-.07171	-.04153	-.10407
P Item 9	-.30540	-.45941	.28711	.07421	.45947
P Item 10	-.01549	-.02917	.18359	.54572	-.06307
P Item 11	.68539	.35598	-.13157	-.02921	-.09008
P Item 12	.40132	.61360	-.24508	-.10690	-.07157
P Item 13	.47788	.64801	-.21392	.00078	-.16673
P Item 14	.01024	-.10762	.21451	.60022	.07566
P Item 15	.19662	.61715	-.17566	-.02719	.09472
P Item 16	-.03147	-.04982	.02226	.50744	.04839

BY HOME VISITOR

Table A-4

CLASSROOM BEHAVIOR INVENTORY*

Short Form, K-12*

Focal Child's Name________________________ Date________________

Focal Child's Birthdate______________________ Site________________

Home Visitor Working with Family________________________________

The focal child will be entering Kindergarten/First Grade (circle one) in__________ month/year

at the ______________________________ name of school. _____Don't know

INSTRUCTIONS

We are interested in finding out how you expect the focal child to behave when he/she enters school or kindergarten. Describe as accurately as possible how you think the child will behave by circling one of the four responses to each question. Give a response to every item and BASE YOUR RESPONSE UPON YOU PERSONAL OBSERVATION, EXPERIENCE AND EXPECTATIONS. Please do not confer with anyone about the child before completing this form.

REMEMBER, RATE HOW YOU THINK THE CHILD WILL BEHAVE WHEN STARTING FIRST GRADE OR KINDERGARTEN	Very Much Like	Somewhat Like	Very Little Like	Not at All Like
1. Will laugh and smile easily and spontaneously in class.	4	3	2	1
2. Will work earnestly at his classwork; will not take it lightly.	4	3	2	1
3. Will have a low, unsteady or uncertain voice when speaking to teacher or a group of classmates.	4	3	2	1
4. Will be quickly distracted by events in or outside the classroom	4	3	2	1
5. Will try to get even with child with whom he is angry.	4	3	2	1
6. Will wait his turn willingly.	4	3	2	1
7. Will usually be sad, solemn and serious looking.	4	3	2	1
8. Will like to express his ideas and views.	4	3	2	1

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*Earl S. Schaefer and May Aaronson. Adapted by Abt Associates Inc. with permission of authors for use in the National Home Start Evaluation, under contract HEW-OS-72-127, U. S. Department of HEW, Office of Child Development.

	Very Much Like	Somewhat Like	Very Little Like	Not at All Like
9. Will sometimes pay attention; other times must be spoken to constantly.	4	3	2	1
10. Will watch carefully when teacher or a classmate is showing how to do something.	4	3	2	1
11. Will get angry quickly when others do not agree with his opinion.	4	3	2	1
12. Will not wait for others to approach him, but seeks out others.	4	3	2	1
13. Will try not to do or say anything which would hurt others.	4	3	2	1
14. Will often not be able to answer a question, because his mind has wandered.	4	3	2	1
15. Will give the other an opportunity to express his point of view.	4	3	2	1
16. Will ridicule and mock others without regard for their feelings.	4	3	2	1
17. Will tend to withdraw and isolate himself, even when he is supposed to be working with a group.	4	3	2	1
18. Will stick with a job until it is finished, even if it is difficult for him.	4	3	2	1

TO BE FILLED O
BY HOME VISI

PARENT BEHAVIOR INVENTORY*

Parent's Name ______________________ Date ____________

Child's Name ______________________ Site ____________

Home Visitor Working with Family ______________________

Date of Enrollment ______________________
Month/Year

INSTRUCTIONS

We are interested in finding out how you expect the family to behave during the first year after leaving the Home Start Program. Describe as accurately as possible how you think the focal parent(s) will behave by circling one of the four responses to each question. Give a response to every item and BASE YOUR RESPONSE UPON PERSONAL OBSERVATIONS, EXPERIENCE AND EXPECTATIONS. Please do not confer with anyone about the family before completing this form.

REMEMBER, RATE HOW YOU THINK THE FAMILY WILL BEHAVE WHEN LEAVING THE HOME START PROGRAM	Very Much Like	Somewhat Like	Very Little Like	Not all All Like
1. The parents in this family will work with teachers and other school staff to help the children's schools experience.	4	3	2	1
2. The focal parent(s) will probably not maintain the gains in personal skills and self-determination she has achieved while she was in Home Start.	4	3	2	1
3. This family will maintain a safe, clean and healthy physical environment for the children and other family members.	4	3	2	1
4. I will receive frequent phone calls from this family asking for help in solving some problem like transportation, community resources, family or child problems, etc.	4	3	2	1
5. The focal parent(s) will be actively involved in organizing other parents for purposes such as tenant and/or welfare rights, discussions about community affairs, involvement in the schools, etc.	4	3	2	1

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* Developed by Abt Associates Inc., Cambridge, Massachusetts for use under Office of Child Development, HEW, Contract No. HEW-OS-72-127. April 1975.

		Very Much Like	Some-what Like	Very Little Like	Not at All Like
6.	This family will know whom to contact in the community to obtain help for any personal or family problems.	4	3	2	1
7.	The parents in this family do not care enough to continue working with the children.	4	3	2	1
8.	The focal parent will provide a healthy diet for her family.	4	3	2	1
9.	This family will need a lot of continuing support to maintain the abilities learned during Home Start involvement.	4	3	2	1
10.	The focal parent(s) will not have any contact with other Home Start families after they leave the program.	4	3	2	1
11.	The focal parent will insure appropriate and timely health care for her children.	4	3	2	1
12.	The focal parent will continue her own development in a useful way.	4	3	2	1
13.	The focal parent will continue to teach the child in the home and provide a stimulating home environment for the family.	4	3	2	1
14.	The parents in this family will not support a strong community network.	4	3	2	1
15.	The focal parent will continue to be involved in job training programs or adult education courses to upgrade skills.	4	3	2	1
16.	This family will not be using a wide variety of community resources.	4	3	2	1

Appendix B

DESCRIPTION OF SUMMATIVE MEASURES

DESCRIPTION OF SUMMATIVE MEASURES

Brief descriptions of each of the child and parent measures used in the summative evaluation are included in this appendix. The child measures are listed in Figure B-1, organized into five categories: school readiness, social-emotional development, physical development, nutrition and medical care. The parent measures are listed in Figure B-2, in four groups: mother and child relationship, mother as teacher, home materials for the child, and use of community resources. Details regarding the items contained in each measure and psychometric data can be found in Appendix D.

Child Measures

Preschool Inventory (PSI)

The PSI is a general measure of children's achievement in areas that are often regarded as necessary for success in school. Children are asked questions of general knowledge (e.g., "What does a dentist do?") and basic concepts (e.g., "Put the blue car under the green box"). The PSI used in the Home Start evaluation is a 32-item adaptation of the 64-item Cooperative Preschool Inventory published by the Educational Testing Service. The 32-item version was originally adopted for the Head Start Planned Variation study and was selected for use in the Home Start evaluation partly because of its previous use in a national evaluation.

Denver Developmental Screening Test (DDST)

The DDST was designed to aid in the early discovery of developmental problems in four areas: Fine Motor Adaptive, Language, Gross Motor, and Personal-Social. It is primarily intended to be used as a diagnostic screening procedure with individual children to identify those who are developmentally delayed.

Since the DDST includes items that are applicable for children who range in age from two weeks to six years, items suitable for the Home Start age range had to be selected. This was done by examining the norms published in the DDST Manual and selecting items that would discriminate among children in the 3- to 6-year-old range. For the fall 1972 pilot testing, 32 items were selected that ranged in difficulty, according to the norms, from those that 90% of the 3-year-olds passed to those that no child in this age group would be expected to pass. A few DDST items falling in this range were not included since they duplicated PSI items. Three items found to be deficient in the spring evaluation were deleted in an attempt to make the instrument more stable and more sensitive to age changes. In addition, revisions were made in a few items, instructions to community interviewers in the test booklet were clarified, and the order of administering the subscales was revised so that Fine Motor items were administered first. Experience of the test's authors suggested that rapport with children in this age group might be better established if these items were given first.[1] As administered for this evaluation, answers to the Personal-Social scale items were provided by the mother. The other three scales were administered directly to the children. The test was not designed to yield scale scores, but for the purposes of the Home Start evaluation, scale scores were obtained by adding together items within each of the four separate areas of functioning.

Child Food Intake Questionnaire

The Child Food Intake Questionnaire was developed in spring 1973 to obtain a quantitative and qualitative index of food consumption. It utilized a system of 24-hour recall whereby mothers were asked to report all foods eaten by their child on the preceding day. Specifically, the mother was asked what the focal child ate for breakfast, lunch and dinner, and any snacks in between. The interviewer probed for exact quantities of all foods. To help the mother estimate quantities of food more accurately and to help the tester reliably record the mother's responses, the tester used plastic, child-size beef patties (2 ounces), glasses (4 ounces and 8 ounces) and bowls (10 ounces) marked at one-fourth cup intervals, and tablespoons. The testers were instructed not to suggest "appropriate" amounts of food; rather, the mother was asked to point to markings on the glasses and bowls that indicated how much of a certain food the child had eaten. The tester mentioned particular foods only when probing for possible additions which might have been forgotten (such as milk on dry cereal or lettuce on sandwiches). An additional element was added to the Food Intake Questionnaire in fall 1973 by having community interviewers ask whether the child took vitamins.

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[1] Throughout the development of the DDST format used in the Home Start evalution, Dr. William Frankenburg and Mrs. Alma Fandel have been extremely cooperative in helping to adapt their instrument.

The questionnaires were coded according to two sets of criteria. The first was based on the total number of "servings" eaten in each of seven food groups (milk, meat, eggs, vitamin-A vegetables, breads, and cereals). A total Food Score was then derived by summing the number of servings across food groups. Quantities used in defining servings are listed in the coding instructions attached to this appendix. The second set of criteria provided qualitative information by setting a maximum score for each of the seven food groups based on the nutritional requirements for that group. If the number of food servings was greater than the maximum Nutrition Score for a particular food group, the maximum score was coded. The scores for the seven groups were then summed to create a total Nutrition Score for each child.

Height and Weight

Information on the height and weight of children in the sample was collected to assess physical growth and to determine possible height and weight differences among groups. These are particularly important data for addressing the question of initial group differences as height and, to a lesser extent, weight are general indicators of physical growth and large discrepancies from the norms may be related to nutritional status.

Schaefer Behavior Inventory (SBI)

The SBI consists of 15 descriptive statements of child behavior that are read to the child's parent. Two typical items are "Stays with a job until he finishes it" and "Likes to take part in activities with others." The mother indicates the degree to which the description fits the child by responding on a seven point scale from "never" to "always". The SBI contains three scales of five items each, labeled Task Orientation (TO), Extraversion-Introversion (EI), and Hostility-Tolerance (HT).

Pupil Observation Checklist (POCL)

Upon completion of testing and interviewing, each community interviewer was asked to rate the child on a seven point scale consisting of 9 bipolar adjectives such as "resistive-cooperative" and "quiet-talkative".[1] The checklist has two scales: Test

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[1] A tenth item ("calm-excited") was added to the rating form in fall 1973 to conform to the rating scale completed for the home observations, but is not included in the analysis of the POCL data.

Orientation items pertaining to the child's behavior during the testing situation, and Sociability items pertaining to the child's general overall behavior as seen by the testers.

8-Block Task

A score was derived from the 8-Block Task based on the child's placement and explanation at the end of the mother's teaching. This measure is described as part of the 8-Block Task description under the section on parent measures.

Medical Care

Information on medical care was collected as part of the Parent Interview (see Figure B-1).

Parent Measures

High/Scope Home Environment Scale (HES)

The Home Environment Scale is a 37-item parent questionnaire designed to obtain information on the child's home environment. The final form of the HES was derived from the spring 1973 testing. Twenty-nine of the items are "yes-no" questions on three different checklists and the rest are single questions which present the mother with three responses from which to choose. Out of these 37 items, only 26 are used in the six scale analyses. Most of the extra items were included in the questionnaire as fillers, since they were likely to be answered favorably by the mothers and thus contribute to a more pleasant interviewing experience.

Mother Behavior Observation Scale (MBOS)

The Mother Behavior Observation Scale is a 10-item observation checklist filled out by the community interviewer following the last visit to a family. The checklist provides three possible responses corresponding to the frequency that the behavior was observed (never, once or twice, and three times or more). There are five items belonging to a "supportive" behavior scale and four to a "punitive" scale. One item (amount of child's artwork displayed in the home) refers to behavior not directly observed, belongs to neither scale, and was not included in the analysis. This item also was not recorded for many of the Head Start families as testing generally took place at the Head Start center.

Parent Interview (PI)

The Home Start Parent Interview was originally developed to obtain information about the child's medical history, the parent's involvement in activities outside the home, the parent's use of community resources and parental locus of control. It was also used as a vehicle for obtaining feedback from the parents on their reactions to the testing and interviewing.

8-Block Sort Task

One of the more widely used procedures for assessing mother-child interaction in a teaching context is the 8-Block Task developed by Hess and Shipman in their Chicago study of maternal teaching styles. The 8-Block has been used in the Planned Variation Head Start evaluation and in the ETS-Head Start Longitudinal Study, which was one of the reasons it was originally selected for use in the Home Start evaluation. Although the situation created by the task is artificial it does provide the opportunity for direct observation of the mother's behavior that complements the verbal reports obtained from parents by the Home Environment Scale.

There are three stages in the 8-Block Task. The community interviewer guides the mother through the block sorting procedure in a standardized way, the mother is asked to teach the task to the child, and at the end the child is asked to demonstrate whether he has learned the principles according to which the blocks are sorted.

In the first stage, the community interviewer teaches the mother how to sort eight wooden blocks into four quadrants of a 12" x 12" board. The blocks vary on four dimensions--height (tall or short), mark (X or O on the ends of the blocks), color (red, yellow, green, or blue), and shape (rectangular or circular in cross-section). The relevant dimensions for sorting are height and mark. In the second section of the task, the mother teaches her child how to sort the blocks. Although the community interviewer proceeds through a series of discrete steps in a fixed order, the mother is told she can teach the child in any way she wants. The third stage of the task begins when the mother tells the community interviewer that she is finished with her "teaching". The community interviewer then gives the child two new blocks (one at a time) and asks him to place them on the board in the group where they "belong". The results of the child's placements and his explanations of the placements indicate whether the child has learned the sorting task and can generalize the sorting principle to new objects that vary on the same dimensions.

The complete task was tape recorded and coded (see coding instructions attached to this appendix). Three items of non-verbal behavior coded by the interviewer: punishment, mother moving blocks, and child moving blocks.

FIGURE B-1

CHILD MEASURES
NATIONAL HOME START EVALUATION
SPRING 1975

Measure	Type	Respondent
School Readiness		
• Preschool Inventory, a measure of children's achievement in skill areas that are commonly regarded as necessary for success in school;	Test	Child
• DDST[1] Language Scale, a measure of children's ability to understand spoken language and to respond verbally;	Test	Child
• 8-Block Child Task Score, a measure of children's ability to acquire abstract concepts taught by the mother;	Test	Child
• 8-Block Child Talk Score, a measure of how many task related comments children make while mothers teach them to sort four kinds of blocks into groups.	Observation	Coder, from audio tape of Mother & Child
Social-Emotional Development		
• SBI[2] Task Orientation Scale, a measure of children's task involvement and motivation to complete tasks;	Rating Scale	Mother
• SBI Extraversion-Introversion Scale, a measure of children's interest in relating to other people;	Rating Scale	Mother
• SBI Hostility-Tolerance Scale, a measure of children's ability to refrain from emotional outbursts when things don't work out just right;	Rating Scale	Mother
• DDST Personal-Social Scale, a measure of children's ability to dress themselves and to mix with others;	Rating Scale	Mother
• POCL[3] Test Orientation Scale, a measure of children's task involvement while working with the community interviewer;	Rating Scale	Tester
• POCL Sociability Scale, a measure of the level of children's social interaction while working with the community interviewer.	Rating Scale	Tester
Physical Development		
• Height;	Direct Measurement	Tester
• Weight;	Direct Measurement	Tester
• DDST Gross Motor Scale, a measure of children's ability to coordinate movement of the whole body to accomplish a task;	Test	Child
• DDST Fine Motor Scale, a measure of children's ability to perform complex movements with portions of the body.	Test	Child

FIGURE B-1, CONTINUED

CHILD MEASURES

Measure	Type	Respondent
Nutrition -- (Foods eaten by the child during the past day)		
• Milk Group score (milk, cheese, ice cream);	24 Hour Recall	Mother
• Meat Group score (meats, peanut butter, dried beans and peas);	24 Hour Recall	Mother
• Egg Group score (eggs);	24 Hour Recall	Mother
• A-Vegetables score (carrots, squash, sweet potatoes);	24 Hour Recall	Mother
• Citrus Fruits score (oranges, grapefruits, tomatos);	24 Hour Recall	Mother
• Other Vegetables score (potatoes, apples);	24 Hour Recall	Mother
• Breads and Cereals score (breads, cereals, macaroni, rice);	24 Hour Recall	Mother
• Nutrition Total score (sum of previous scores);	24 Hour Recall	Mother
• Vitamins (yes/no).	24 Hour Recall	Mother
Medical Care		
• Immunization Since Fall, a yes/no score indicating whether children have had DPT, polio, or measles immunizations between fall 1974 and spring 1975;	Questionnaire	Mother
• Months Since Last Doctor Visit;	Questionnaire	Mother
• Reason for Last Doctor Visit (checkup or something wrong);	Questionnaire	Mother
• Months Since Last Dentist Visit;	Questionnaire	Mother
• Reason for Last Dentist Visit (checkup or something wrong);	Questionnaire	Mother

[1] DDST: Denver Developmental Screening Test
[2] SBI: Schaeffer Behavior Inventory
[3] POCL: Pupil Observation Checklist

FIGURE B-2

PARENT MEASURES
NATIONAL HOME START EVALUATION
SPRING 1975

Measure	Type	Respondent
Mother and Child Relationship		
• H/S HES[1] Mother Involvement Scale, a measure of how often mothers spend time with their children in games, pleasant conversation, and other activities children like;	Questionnaire	Mother
• H/S HES Household Tasks Scale, a measure of how often children "help" their mothers with some simple household tasks;	Questionnaire	Mother
• MBOS[2] Supportive Scale, a measure of how often mothers praised or encouraged their children in the presence of the community interviewer;	Observation	Tester
• MBOS Punitive Scale, a measure of how often mothers scolded, threatened, or criticised their children in the presence of the community interviewer.	Observation	Tester
Mother as Teacher		
• H/S HES Mother Teaches Scale, a measure of which elementary reading and writing skills mothers are trying to teach their children;	Questionnaire	Mother
• 8-Block Request Talk, a measure of how frequently mothers attempt to elicit child talk focusing on the relevant block sorting dimensions of height and mark;	Observation	Coder, from audio tape of Mother & Child
• 8-Block Diagnostic, a measure of how many requests the mother makes for talking of the kind likely to get the child to think about the sorting problem (open-ended questions, rather than questions seeking the answer about the specific dimensions);	Observation	Coder, from audio tape of Mother & Child
• 8-Block Talk About, a measure of how frequently mothers talk about the relevant dimensions of the sorting task;	Observation	Coder, from audio tape of Mother & Child
• 8-Block Interactions/Minute, a measure of the average number of times per minute that the conversation shifts from the mother to the child and vice versa;	Observation	Coder, from audio tape of Mother & Child
• 8-Block Mean Length of String, a measure of the average number of uninterrupted mother comments, reflecting the extent to which the mother engages in a monolog;	Observation	Coder, from audio tape of Mother & Child
• 8-Block Feedback, a measure of how frequently mothers react to children's comments or block placements (includes praise and acknowledgement, encouragement, and corrections).	Observation	Coder, from audio tape of Mother & Child

FIGURE B-2, CONTINUED

PARENT MEASURES

Measure	Type	Respondent
Home Materials for the Child		
• H/S HES Books Scale, a measure of how many children's books are in the home, and how often someone reads stories to the children;	Questionnaire	Mother
• H/S HES Playthings Scale, a measure of how many of some common, ordinary playthings most children like are in the home.	Questionnaire	Mother
Use of Community Resources		
• Welfare department;	Questionnaire	Mother
• Food Stamps program;	Questionnaire	Mother
• Medicaid;	Questionnaire	Mother
• Food commodities;	Questionnaire	Mother
• Local hospital;	Questionnaire	Mother
• Public health clinic;	Questionnaire	Mother
• Mental health clinic;	Questionnaire	Mother
• Family counseling agencies;	Questionnaire	Mother
• Planned Parenthood;	Questionnaire	Mother
• Day care program;	Questionnaire	Mother
• Recreational programs;	Questionnaire	Mother
• Legal aid program;	Questionnaire	Mother
• Housing authority;	Questionnaire	Mother
• State employment office;	Questionnaire	Mother
• Job training programs.	Questionnaire	Mother
Organizational Total, a score indicating how many of the following organizations some family member belongs to: parent-teacher's organization; boy scouts, girl scouts, 4-H Club, or other youth groups; church organization or social club; and political organization.	Questionnaire	Mother
Parent Locus of Control, eight questions dealing with practical problems to be solved; scored to indicate degree of personal responsibility for solving the problem.	Interview	Mother

[1] H/S HES: High/Scope Home Environment Scale
[2] MBOS: Mother Behavior Observation Scale

FOOD INTAKE CODING INSTRUCTIONS

1973-1975

Food intake coding is based on the total amount of food eaten during the day. When figuring the total amount of milk, etc., it does not matter at what meal the child gets the food.

In calculating the score for each food group or subgroup, it does not matter which specific foods were eaten. Add them all together.

1. MILK GROUP - Code number of servings (1.0, 2.5, 1.25, etc.).

   * 1 serving = 1 cup
   Foods include: milk, cheese (2 oz; 1 slice = 1 oz), ice cream.

2. MEAT - Code number of servings.

   * 1 serving = 2 oz, 2 T = 1 oz
   Foods include: beef, veal, pork, lamb, poultry, fish, dried beans (½ c), peas (¼ c), peanuts (¼ c), peanut butter (5 T; 1 T = .20), almonds (¼ c), balogna (1 slice = 1½ oz), sausage links (1 = 1 oz), bacon (2 slices = 2 oz), vienna sausages (1 = ½ oz), sardines (1 = ½ oz), hot dogs (1 = 2 oz).

3. EGGS - Code number of eggs

4. VEGETABLES (dark green or deep yellow)

   - Code number of servings.

   * 1 serving = ¼ cup or 1 stalk
   Foods include: carrots, collards, dandelion greens, kale, mustard greens, pumpkin, spinach, squash, sweet potatoes, turnip greens.

5. CITRUS FRUIT OR VITAMIN C RICH FRUIT

   - Code number of servings.

   * 1 serving = number in parentheses

   Foods include: orange juice (¼ c), orange (½), grapefruit juice (½ c), grapefruit (½), pineapple (1 c), raspberries (1 c), strawberries (½ c), tangerines (1), tangerine juice (½ c), watermelon (1 wedge 4" x 8"), tomato (1; 6 slices = 1 serving or 1 tomato; 1 slice = .16), tomato juice (1 c), cranberry juice (¼ c), Tang (¼ c), Hi-C (½ c).

FOOD INTAKE CODING INSTRUCTIONS (cont.)

6. OTHER FRUITS & VEGETABLES

- Code number of servings.

* 1 serving = ¼ cup vegetable or ¼ cup fruit juice, or ½ small apple, banana, etc.
Foods include: juices (¼ c), potatoes (¼ c), banana (½), pickles (2 med.), french fries (12), applesauce (¼ c), potato salad (2 T).

7. BREADS & CEREALS

- Code number of servings.

* 1 serving = 1 slice bread or ½ cup cereal
Foods include: macaroni (½ c), rice (½ c), crackers (4) pancake (1).

VITAMINS

1 = No
2 = Yes

ASSISTED

1 = No
2 = Yes

KIND

1 = None
2 = Other
3 = Regular
4 = Iron + Reg.

COMBINATIONS OF FOOD GROUPS:

creamed potatoes = 1 part potato, 1 part milk
gumbo = (eg.) 1 part rice, 1 part chicken, 1 part sausage
canned soup: 1 cup vegetable = 1/4 cup 'other' vegetables
1 cup chicken noodle = 1/2 cup noodles
1 cup uncanned soup = 2 T meat, 2 T vegetables
6 pieces french toast = 1 egg, 6 slices bread
3 pieces french toast = 1/2 egg, 3 slices bread
2 pieces french toast = 1/3 egg, 2 slices bread
plain chile: 3/4 cup = 1/2 cup meat
1/2 cup = 1/4 cup meat
chile with beans, etc. = (eg.) 1 part beans, 1/2 part meat, 1 part tomato juice
spaghetti & meatballs = 3 parts spaghetti, 1 part meat
cheese macaroni = 3 parts macaroni, 1 part cheese
1 pot pie: pie crust = 1 slice bread, meat = 2 oz., disregard vegetables

(continued next page)

COMBINATIONS OF FOOD GROUPS (cont.)

tuna sandwich: bread = 2 slices, 3 T tuna
peanut butter sandwich = 2 slices bread, 2 T peanut butter
TV dinner (eg., chicken): 3 pieces chicken = 5 oz.,
  1/4 cup vegetables
  1/2 cup mashed potatoes
combination jars of babyfood: count as vegetables, no meat
taco: meat = 1/4 cup
  cheese = 1 T
  lettuce = 1/4 cup
tamale: 1 part meat, 1 part corn bread
1/2 cup cereal = 1/2 cup cereal, 1/4 cup milk
1 cup beef stew: meat = 1/4 cup
  vegetables = 1/2 cup
1 cup pudding = 1 egg, 1 cup milk
gravy (hamburger) = 1 cup meat, 1/2 cup milk

GROUP 1

1 ice cream sandwich = 4 oz. ice cream
1 ice cream bar = 4 oz ice cream
1 ice cream cone = 1/3 cup ice cream (0.33 serving)
1 small ice cream cone = 1/4 cup ice cream

GROUP 2

1/2 cup pork & beans = 1 serving meat
2 slices bacon = 1 serving (2 oz)
2 slices salt pork = 1 serving (2 oz)
1 slice lunch meat = 1-1/2 oz (0.75 serving)
chicken: 1 drumstick = 2 oz
  1 thigh = 3 oz
  1 wing = 1 oz
  1 back = 1 oz
  1 neck = o oz
  1 breast (whole) = 6 oz
  1 gizzard = 1 oz
  1 liver = 1 oz
1 fishstick = 1-1/2 oz
"Bar B Q" = meat
2 vienna sausage = 1 oz
1 sardine = 1 oz

GROUP 3

2 T scrambled egg = 1 egg

GROUP 4

GROUP 5

1 cup tomato soup = 1 serving
2 T tomato sauce = 1 serving (1 oz)

GROUP 6

1/2 banana = 1 serving
1 leaf lettuce = 1/4 cup

GROUP 7

1 medium-sized biscuit = 1 slice bread
1 hamburger or hot dog bun = 2 slices bread
4 crackers = 1 slice bread (if no amount given, disregard)
corn bread: 1 slice = 1 slice bread
             1 "3-inch" slice = 1 large piece = 2 slices bread
1 piece medium pizza = 1 slice bread
1 taco = 1 slice bread

DISREGARD:

coke
cookies
cake
doughnuts
pie
potato chips
onion rings
animal crackers
cool whip
mayonnaise
butter
fruit 'punch'
fruit 'drink'
slushes
popsicles
jello
koolaide
tea
coffee
olives

Nb. 4 T = 1/4 cup
16 T = 1 cup
2 oz = 1/4 cup
8 oz = 1 cup
2 T = 1/8 cup = 1 oz

CODING MANUAL: 8-BLOCK AUDIO TAPE

High/Scope Educational Research Foundation
June, 1975

The audio portion of the 8-Block Sort Task is scored according to 30 mother and child verbal interaction categories. Three task-specific categories--"Request Talking," "Request Understanding", and "Request Placement"--fall under the MOTHER heading. The task-specific category, "Talk About", is found under both MOTHER and CHILD headings. Each task-specific category contains four subclassifications--Height, Mark, Height and Mark, and Unclassified. The mother and child categories are listed in Figure 1.

Tallying on the 8-Block Audio Score Form is sequential. The initial verbalization is scored in the far left-hand column, with subsequent verbalizations tallied in succeeding columns from left to right across the page.

The language that typically occurs when a mother is interacting with her child does not neatly fall into identifiable units. There are, for example, many occurrences of incomplete sentences, single word utterances, and interrupted speech. In order to code the language, it is necessary to impose some sort of order on these verbalizations.

To facilitate the process of scoring the 8-Block tapes, the coders should consider whether a verbalization is a complete sentence or a phrase. Each complete sentence must be coded as a single unit. For example, the sequence "These are small. These blocks go here.", consists of two distinct sentences and each one would be scored according to the coding categories. Phrases are coded as separate units only if they are separated from a sentence or other phrase by a pause of two seconds or more. If there is no pause between phrases, the connected phrases are scored as one unit. For example, "The tall circle...(pause)..., Where does the tall circle go?" would be coded as two verbalizations. If the pause after "circle" were less than two seconds, this would be coded as one verbalization.

If sentences or phrases are connected by "and", "or", "but", or "so", they are scored as one unit, unless there is a two second pause between them. For example, "Is this big or is this little?" without a pause would be tallied as one unit. "Is this big...(pause)...or is this little?" contains two units and each one should be coded. A stop watch calibrated to 1/5 second should be used for determining the length of pauses when they are not clearly longer than two seconds.

Figure 1

Categories Used in Coding Mother-Child Verbal Interactions

MOTHER CATEGORIES

Request Talking
    1. Height
    2. Mark
    3. Height & Mark
    4. Unclassified
Request Understanding
    5. Height
    6. Mark
    7. Height & Mark
    8. Unclassified
Request Placement
    9. Height
    10. Mark
    11. Height & Mark
    12. Unclassified
Talk About
    13. Height
    14. Mark
    15. Height & Mark
    16. Unclassified

17. Direct Request
18. Comment
19. Task Irrelevancy
20. Praise/Acknowledge
21. Encourage
22. Bribe/Threaten/Demean
23. Correction/None

CHILD CATEGORIES

Talk About
    24. Height
    25. Mark
    26. Height & Mark
    27. Unclassified

28. Comments
29. Task Irrelevancy
30. Refuse/Reject

MOTHER CATEGORIES

Request Talking

The Request Talking category is for requests by the mother to the child in which the mother is expressly attempting to elicit a height (tall or short) or mark (X or 0) response from the child. These statements are distinguished by a reference to a dimension in the sentence.

1. Phrases to be tallied under Request Talking-Height are those asking the child to verbalize "tall", "short", "big", "little", etc. The following phrases, for example, require one tally under Request Talking-Height:

   "Tall. What about this?" (A dimension preceeding a request understanding if not separated by 2 seconds is considered part of that sentence.)

   "Are these big or little blocks?" (It is assumed that the response the mother is attempting to elicit from the child is "big" or "little" and not "yes" or "no".)

   "What size is this one?"

   "Was it a big one, or was it a little one?"

2. Sentences to be tallied under Request Talking-Mark:

   "Is this X or is this 0?"

   "What's this got?"

   "X. What about that one?"

   "What's that on top of the block?"

   "And they have the..."

   "And it's got..." (Sentences in an appropriate context, that ask for but omit the dimension are tallied here.)

3. For a sentence to be tallied under Request Talking-Height and Mark, the mother must refer to both dimensions of the blocks, while asking the child to verbalize at least one dimension. For example:

"Is this little or big with X or 0?" (Mother is asking child to verbalize both dimensions.)

"These are small and they've got what?" (Mother refers to both while asking child to verbalize only one.)

"This is how tall and it's got what on top?"

"It's 0, but what's different about them?"

"This has a 0 and it's how tall?"

"This is big and what's on top?"

"These are small and...?"

A two-second pause between "This is big...(pause)... and what's on top?" would make it necessary to score "This is big" under Talk About-Height and "and what's on top?" under Request Talking-Mark.

4. Phrases to be tallied once under Request Talking-Unclassified:

"What's the difference between these two blocks?"

"What about these?"

"How's this one the same as that one?"

"What is that?"

"What does that look like?"

Phrases containing "say it" or "tell me" are usually tallied under Request Talking:

"Tell me what this one is...say it." (Two tallies under Request Talking-Unclassified are required because these are two distinct sentences.)

"Tell me where you think this belongs." (One tally under Request Talking-Unclassified.)

Request Understanding

Request Understanding is for requests in which the mother attempts to evoke a verbal or non-verbal response from the child, (but she does not seek a specific height or mark response). For example, "Is this one little?" requires a "yes" or "no" answer from the child and is thus tallied under Request Understanding-Height. Sentences scored in the Request Understanding category must deal specifically with the task and must request that the child understand a certain facet of the task. Statements requesting the child to find a block or a dimension are always coded Request Understanding. All statements containing "see" are classified here also.

5. Examples of sentences to be tallied under Request Understanding-Height:

"Point to the big one."

"What size is that? Big." (Without a 2 second pause, when the mother answers her own question the entire statement is coded in Request Understanding category.)

"Look at the baby blocks."

"Can you show Mommy which blocks are little?"

"This is bigger than that, isn't it?"

"Give Mommy the little ones."

"If you put them side by side, Danny, see that's a lot smaller than that, isn't it?"

"The tall one?" (Coded under Request Understanding because of the intonation, i.e., she is asking the child for acknowledgement.)

"All these blocks are tall, right?"

"Take the little one out of here."

"Do you want to look at the little blocks for a minute?"

"Can Ricky find another big block for Mommy?"

"Isn't that tiny?"

"All these blocks, you see they're small?"

Sentences containing "tell me" are usually tallied under Request Talking; however, an example of one to be scored under Request Understanding-Height is:

"Tell Mommy where the tall one is."

6. Examples of phrases to be tallied under Request Understanding-Mark:

"Is this an X?"

"Where's the other zero one?"

"See the X block over here?"

"Look at the top."

"Does that have a 0 on it?"

"This is a zero and this is an X, right?"

"What did you put the white circle here for?"

"The marks, see them?"

"Mommy wants you to take the blocks over here that are marked the same."

"Now you're going to take these two blocks--see the circles?--and match them together." (No pause, one tally.)

7. Phrases to be tallied under Request Understanding-Height and Mark:

"Find the little X."

"Are these the same height and do they have the same mark on top?"

"Show me the Mommy blocks that have 0's."

"Take the tall ones and match them with the X's."

8. Phrases to be tallied under Request Undetstanding-Unclassified:

"Is this one in the right place?"

"You have too many people in this house and not enough people in this house, don't you?"

"Then that doesn't go there, does it?"

"Does it go there?"

"Think you can remember now?"

"Why?" (All "whys" are tallied separately under Request Understanding.)

"Do you see where they go on the board?"

"Do you want to put it with this one?"

"Lannie, does it go here or over here?"

"Look at all the blocks and see which ones have pencil marks on them."

"What are you going to do with these?"

"What did Mommy show you awhile ago?"

"Doesn't it belong here?"

"Pick them up."

"Make sure", "you make sure." (Each of these receives one tally for Request Understanding.)

"What's wrong with this group?"

"See how it would go?"

"Why don't you pick these up?"

"How many is that?" (Mother must not be simply asking the child to count; she should be teaching the child according to the number of blocks appropriate to each group for the statement to be tallied here.)

"Do you see all these here?"

"Now I want you to finish taking these blocks."

"Find another one."

"Get the other ones."

"Try another one."

"Does it go here or there?"

"OK?", "See?", "Right?" (Each of these would receive one tally under Request Understanding-Unclassified only if they followed task specific statements by a 2 second pause.)

"Why don't you pick these up?"

"OK, but what about if I do this?"

"Try it again."

"Now another one."

"See these blocks, Billy? See where they go? Do you see where they go on the board? (Three tallies under Request Understanding-Unclassified.)

You must occasionally score sentences containing "tell me" under Request Understanding rather than Request Talking. The following, for example, should be scored once under Request Understanding-Unclassified:

"I want you to tell me if they're the same."

"Tell me if you think they belong here."

Request Placement

Sentences in which the mother asks the child to "put" or "place" blocks are scored under Request Placement. It includes statements asking the child "where" a block goes, and phrases by the mother using "match", "stack" or any other word of the mother's choice as long as it is clear she is asking for specific block placement. Requests containing "go", such as, "Where does this one go?" or "Which one of these goes with them?" are always tallied under Request Placement.

9. The following phrases require one tally under Request Placement-Height:

"Put the tall blocks where they belong."

"Where do the big blocks go?"

"Can you take and put the big ones--put them here?"

"Match the Mommy blocks and baby blocks together on board."

10. Sentences to be scored under Request Placement-Mark:

"Put it with the 0's."

"I want you to put all the X's together and all of the 0's."

"Place all the X's in one square."

"Where does the circle block go?"

"Now, take these, see the circles, and put them where they go."

"Match these blocks with the 0's on the board."

11. Examples of sentences to be tallied under Request Placement-Height and Mark:

"Put them where you think they should go, by height and mark, okay?"

"Put the X's with the other tall X's."

"The tall circle, where does the tall circle go?"

"I want you to take the big one with an X and one little one with an X and put them on a square."

"Stack the short 0's together." (Where stack in a given context is clearly used in place of "Put". If stack is used in any other sense it should be tallied under Request Understanding-Height and Mark.

12. The following phrases are examples of those to be tallied under Request Placement-Unclassified:

"Now put these where they belong."

"Now, find the other one that goes here because Mommy's awfully lonesome and she doesn't have her baby."

"What are you going to do with these?"

"Where would you put that?"

"Where does it go?"

"Set it all the way in the box."

"Put this where...where does this one go?"

"Take and match these up with the ones here."

"Show Mommy where this one goes."

"Can you find the other one that goes with this one?"

"Which one do they go to?" (If in a placement context.)

"Do you know how to put them on the board?"

"I want you to finish taking these blocks and put them where they belong."

The next examples are dependant upon context.

"Can you do that one?"

"Do this one."

"Set them up."

Statements beginning or including the term "show me" can be Placement Requests. Given this context: "Where does this one go?"...2 seconds..."show me". It would receive 2 placement tallies.

"Now put this block on the board. OK, some more, you've got three more to do." (Two tallies under Request Placement-Unclassified because there are two distinct phrases and it's very clear that the second phrase is a placement request since it immediately follows the first placement request.)

"Why don't you pick these up and put them where they go?"

Talk About

Sentences to be scored in this category are declarative statements by the mother which relate specifically to the 8-Block Task.

13. Sentences to be scored under Talk About Height:

"These tall blocks go with the other tall blocks."

"These are little, too."

"A big one, not a little one, a big one."

"Two are tall and two are short."

14. Examples of sentences to be scored under Talk About-Mark:

"This is an X and this is an 0."

"Yes, like the circle."

"These are 0's, like cheerios."

"You know what X is."

"These blocks are marked with X's and 0's."

"That's a zero, zero, zero."

"That's X."

"...with the X's on them."

15. Sentences to be tallied once under Talk About-Height and Mark:

"This is small with an X."

"...and the large blocks with X's in that corner."

"These tall blocks have 0 on top."

"I'm not telling you which is the small 0."

"The tall X, that's the short one."

"The little one, little one with a zero."

"That's a big one, yes, but it doesn't have a 0 on it."

"Don't stack the tall 0's here."

16. Sentences to be tallied once under Talk About-Unclassified:

"This block doesn't match those blocks."

"The ones that are over here."

"Mommy's going to take all these blocks and mix them up."

"And this one."

"We have to put these blocks on the board."

"They don't look alike."

"Now here's another one."

"I'm not going to tell you."

"We're going to play it one more time."

"I want you to do it."

Statements in which the mother uses "let's" are tallied under Talk About, for example, "Let's do it again." or "Now, let's see.", in which the mother may be simply talking to herself.

Other Mother Categories

Categories below the broken line, with the exception of Correction categories, are for sentences containing very general information. When you think something the mother says could be tallied in more than one category, always tally it in the more specific category only.

17. Direct Requests are imperatives to direct the childs attention to the task. They cannot be negative. (Negative direct requests are essentially corrections and are thus scored under Correction.) Direct Requests, for example, which require one tally are:

"Billy, pay attention."

"Leave one."

"Leave that alone."

"Leave that up."

"Look at the blocks."

"Look here."

"Listen to me!"

"Look at the board."

"Look at this and look at these."

"Look what Mommy's telling you to do."

"Look at all of them now."

"Take these off."

"Look! Look! Look!" (3 tallies)

"How many is that?" (Depends upon context: if the mother is teaching the child in terms of the number of blocks appropriate to each group, this would be tallied under Request Understanding-Unclassified.)

18. Comments are statements by the mother not related to the 8-Block Sort Task. Comments which require one tally are:

"It's hot in here."

"You can build a bridge with the blocks when you're finished."

"I know you're getting tired."

"Whoops, you dropped them."

"That's a tape recorder."

"Sure, go get a drink of water."

"Yes, that's correct."

"No."

Comments by mother to someone other than child, such as to the tester--"Am I doing this right?"--are not coded at all.

19. The Task Irrelevancy category is for any comments, corrections or questions which refer to the color or shape of blocks (irrelevant dimensions for the 8-Block Sort Task). (However, if the mother corrects the child's focus away from color or shape, her statement is coded under Correction.) For example:

"These blocks are red." (One tally, Task Irrelevancy)

"Point to the square blocks."

"Put the same color blocks together."

"Can you separate the square ones?"

20. Sentences tallied under Praise/Acknowledge are statements by the mother which recognize something the child has done or said. Statements of praise are subject to the 2 second rule and must be separate in order to be tallied separate. The only exception to this is the word "Right." It receives a tally each time, regardless of the time factor. For example:

"Right."

"OK."

"That's fine."

"Yeah."

"Good girl."

"Mommy's proud of you."

"That's just what Mommy wanted!"

"That's a girl."

21. The Encourage category is for task-related statements in which the mother attempts to motivate the child. For example:

"Keep trying, Susie."

"I bet you can do it."

"Come on, I know you can get it." (This receives two tallies under encourage.)

"Come on." (This receives one tally under encourage each time it occurs.)

"Now let's go."

"I know you can get it."

"Go ahead."

"Help me."

22. Any time the mother bribes or threatens the child or makes a demeaning remark it is tallied under Bribe/Threaten/Demean. This category includes conditional statements which refer to negative consequences. For example:

"If you don't pay attention you're going to get a spanking."

"You're such a stupid child."

"Do it or you're going to your room when you're through."

"I don't know why you can't do it right."

"You're not doing very well on this test."

"If you play this game with Mommy you can have an ice cream cone when we're through."

23. Correction is for phrases of a corrective nature that give no further information. Negative direct requests which include no explanation are tallied under Correction. Phrases to be tallied under Correction are:

"No." (One tally)

"No, no." (One tally, unless there is a two second pause)

"Wait a minute." (One tally)

"No, wait a minute." (One tally)

"These don't go there!" (One tally)

"Don't do that."

"No, that's not right." (One tally)

"No, you're not going to build a house."

"You're not looking, Beverly!"

"No, not on the board." (One tally)

"All right, don't be silly."

"That's not it."

"No, don't start yet. Wait a minute." (Two tallies, because these are two sentences)

CHILD CATEGORIES

Talk About

All task-specific statements, questions and responses by child are scored under Talk About. This category for the child is much broader than for the mother in that any time the child mentions a dimension of the blocks it is scored under Talk About, regardless of whether the statement is declarative or interrogative. For example, "These are baby blocks," is tallied once under Talk About-Height, and "Is this X?" is tallied once under Talk About-Mark.

Since few children speak in complete sentences, you should tally all meaningful phrases and sentence fragments spoken by the child. Thus, a simple word, such as "this", in response to a mother's task-specific question is scored under Talk About-Unclassified.

24. Phrases to be scored under Talk About-Height:

    "These are tall."

    "Big red one."

    "Mommy block?"

25. Statements to be tallied under Talk About-Mark:

    "Looks like a Cheerio."

    "Is it circles?"

    "Airplanes."

    "They're flowers."

    "X, X, X, X." (Four tallies)

26. Phrases containing both dimensions are tallied under Talk About-Height and Mark:

    "Tall X."

    "Little flowers?"

    "Big with butterflies."

27. Responses, statements or questions by the child which refer to the task, but do not specifically mention height or mark, are scored under Talk About-Unclassified. For example:

"Right here." (When it is in response to task-specific questions by mother.)

"Where do I put it?"

"No." (When it is in response to task-specific questions such as "Are these little?")

"Like this?"

"Because you told me to." (This might be in response to a question such as "Why did you put it there?")

"We're not getting anywhere with this."

"What is that one?"

Other Child Categories

Categories below the broken line are less specific than those above it.

28. Comments are nontask-related phrases by the child. They include answers to nontask-related direct requests.

"Grandma's coming to see us tomorrow."

"Maria got some blocks for Christmas."

"Yes." (When it is in response to questions such as "Do you want a cookie?")

"This isn't fun."

29. Any time the child mentions the color or shape of blocks (with no mention of height or mark), it is tallied under Task Irrelevancy. For example:

"I'm putting the red ones together."

"Square blocks match."

30. Statements by the child indicating unwillingness to cooperate are scored under Refuse, Reject:

"I don't want to play with these blocks."

"I don't like this game!"

"No, I won't."

Do not code crying or screaming. Code only verbalized refusals on the child's part.

GENERAL INSTRUCTIONS

Sentence fragments on the mother's part are never coded, e.g., "put the...", "I said...", "but", "well", etc. The child receives every benefit of the doubt, and his fragments are coded; however, do not code child singing or voices which are clearly other childrens'.

The following words receive one tally each time they occur and they are always exceptions to the two second rule.

Why
What
C'mon (come on)
Make sure
Look!
Fine!
Right!
Wrong!
Wait
Wait a minute
Hurry
Hurry up

The following phrases are tags which are "tagged on" to a sentence. They are not coded separately unless separated by a 2 second pause; without the pause the phrase must be attached to the previous code.

"...isn't it?"

"...do they?"

"...don't they?"

"...see that?"

"...do you see?"

"...see?"

The use of "uh-huh...uh, uh," and any other verbalized grunt is not coded unless it is distinctly an answer to a task-specific (above the line) question. In those cases it is coded as Talk About-Unclassified.

Appendix C

SUMMATIVE DATA QUALITY

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The discussion of the quality of the Home Start data is organized in three sections. The first section discusses the spring sample and total attrition from the sample since the fall of 1973. It is followed by a discussion of characteristics of families who participated in the spring evaluation. The second section discusses the field operations used for obtaining spring data, time required for administration of the measurement battery, parental reactions to testing, and conditions of testing. It also focuses on problems that were encountered during the data collection effort. The last section discusses the quality of data, inter-judge scoring reliability, measurement administration errors, and the incidence of missing data.

The Sample

Before discussing sample attrition, it should be noted that only a portion of the total number of children enrolled in Home Start and Head Start in the six summative sites were involved in the National Home Start Evaluation. In fall 1973, when pretest data were collected, 47% of the total number of families enrolled in the six summative Home Start projects were participating in the evaluation. This was in accordance with the research design for the National Home Start Evaluation which specified that half of the families served by the projects be part of the sample. Participation in the evaluation in fall 1973 ranged from 27% in West Virginia, which serves twice as many families as the other five projects, to 71% of family enrollment in Ohio. In fall 1974, when Control Group families entered Home Start, the percentage of families participating in the evaluation increased to 72% for the six summative projects combined. This ranged from 59% of the total number of families served in Houston, Texas (which enrolls a large number of non-English-speaking families) to 84% of total family enrollment in Arkansas. The primary reason the entire sample of families was not involved in the evaluation (as was specified in the research design) was considerable sample attrition (discussed below).

Participation by Head Start families in the Home Start Evaluation was considerably lower than by Home Start, primarily because Head Start has higher total family enrollment. In fall 1973, with four Head Start projects participating in the evaluation, 7% of the total number of Head Start children served were part of the sample. In fall 1974, participation in the evaluation increased to 8% because of the addition of families from Head Start projects at the other two sites.

Data were collected in spring 1975 from five groups--the original Home Start group (two years of program), the delayed-entry control group (one year of the Home Start program), the original Head Start group (two years), a new group of Home Start families, and a new group of Head Start families. The new Home Start families were recruited during the summer of 1974 in order to supplement the delayed-entry control group. The new Head Start families were from Kansas and Ohio, which have one-year Head Start programs rather than two-year programs. These groups are illustrated as follows (the sample size refers to the total number of families in the sample as of spring 1975; the N's may differ from those associated with some of the analyses reported in Chapter IV because of missing fall 1973 or fall 1974 data):

	Fall 1973 – Spring 1974		Fall 1974 – Spring 1975	
Group 1	HOME START	SUMMER	HOME START	N=106
Group 2	CONTROL		HOME START	N=71
Group 2N			NEW HOME START	N=72
Group 3	HEAD START (4 sites)		HEAD START	N=61
Group 3N			NEW HEAD START (2 sites)	N=60

Table C-1 presents the number of families in each group who were tested in spring 1975 at each site. The total sample tested in spring 1975 included 44 children who had dropped out of Home Start and enrolled in other preschool programs or in public kindergartens. As it turned out, there were too few children in this group and their experiences were too varied to conduct any meaningful analyses even though spring 1975 scores were obtained.

Sample Attrition

Family attrition continued to be considerable between testing periods (23% for the entire sample between fall 1974 and spring 1975). This is slightly higher than attrition as of spring and fall 1974 (19 and 17%, respectively). The high attrition can partially be attributed to the pending conclusion of the three-year Home Start Demonstration Program in June 1975 and uncertain plans of summative projects to continue their operations. Some 38% of the families who did not participate in the spring evaluation had lost interest in the program long before the June closing of the projects and were no longer involved in program activities. Some families had not been visited regularly for a period of six months or more because their home visitor had left the project and had not been replaced. Not all projects reassigned these families to another home visitor to enable the family to continue to be a program participant.

Sample attrition was high not only for the Home Start (19%) and the former Control (23%) groups, it also was considerable for Head Start centers (26%). Many centers had already started their summer recess by the time the children were to be involved in evaluation activities. Although some Head Start children were tested at home, a number of families could not be located because of out of town vacations.

Total attrition over the two-year evaluation period was 49% for the three groups of families combined--48% for the two-year Home Start group, 44% for the delayed-entry group and 57% for Head Start. Table C-2 shows fall 1974 to spring 1975 attrition by site and by group. Two-year attrition figures are presented in Table C-3. As is indicated in Table C-4, the major reasons families did not participate in the spring 1975 evaluation were lack of interest in the program (or no longer being involved in program activities), family moving away from the service area, and the child entering another preschool program or kindergarten prior to June 1975. Although some kindergarten children were tested during the spring, many of their parents could not be reached to schedule convenient testing appointments or were no longer interested in participating in evaluation activities.

A two-year profile of reasons for non-participation by the two-year and one-year Home Start families shows a high mobility of sample families (30% of the 236 families who did not participate in one or more of the evaluation sessions[1] dropped out because they moved away from the service area). Another major reason for non-participation was the focal child entering preschool or kindergarten (20% of the total sample attrition).

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[1] The number of families noted here does not necessarily correspond with total family attrition, since some families did not participate in one of the evaluation sessions but then reentered the sample.

Effects of Attrition on the Sample

Two sets of analyses were carried out to determine if there were any systematic characteristics associated with attrition. In the first analyses (Tables C-6, C-7 and C-8) the entering characteristics of remaining families within each of the groups were compared with the characteristics of dropped families. In the second set (Tables C-9 and C-10), the entering characteristics of the remaining two-year Home Start families were compared with the entering characteristics of the one-year Home Start and two-year Head Start families. These analyses were performed on the major dependent variables and age, sex, SES, parent occupation, mother's education, and urban/rural residence to determine whether attrition introduced any systematic bias into the samples.

At the entering time point (fall 1973) there were no statistically significant differences between the Home Start and control groups on any of these variables (see Interim Report IV, Summative Evaluation volume, May 1974, pp. 107-108), although there were several entering differences between the Home Start and Head Start groups. All Comparisons reported in Tables C-6 through C-10 were tested in a two-way analysis of variance design using unweighted cell means; site and the interaction of site with group were incorporated in the analysis of variance design as blocking factors. The sample used for these analyses corresponds to the samples on which the analyses of covariance were computed (see Chapter IV, Findings).

In general, the effect of attrition has been slight in that the families who have dropped out of the sample since fall 1973 are very similar to the families who remained in the sample. The minor differences are that the remaining two-year Home Start families are shorter, younger and more rural than the dropped families. For the one-year Home Start group, there were no significant differences between the remaining and dropped families. The Head Start children who remained in the sample were almost three months younger than those who dropped and their mothers had slightly higher MBOS-Punish scores as of fall 1973.

When the fall 1973 scores of the remaining two-year and one-year Home Start groups were compared, three significant differences were found, indicating that attrition has not substantially affected the equality of groups achieved through the original random assignment. There were more differences between the two-year Home Start and Head Start groups, just as there had been in the entire fall 1973 sample (the Home Start children were lower in weight, older, and more rural; their families had lower SES, lower occupational status and lower level of mother's education; and their mothers scored lower on MBOS-Punish, HES-Books and HES-Playthings.

Characteristics of Families Sampled

Table C-11 presents the demographic characteristics of the children who have been in the evaluation since fall 1973. The number, age, and sex of focal children and their siblings are presented by group within site. In addition, the table shows the average number of focal children and siblings per family.

This spring there were 370 focal children who remained in the evaluation. They ranged in age from 4 to 7 years of age with most falling in the 5-5½ year age range. In addition to the children described in Table C-11, 48 siblings were tested. Given the potential value of Home Start for other family members, it is unfortunate that attrition precludes any meaningful analysis of outcomes for siblings.

The employment patterns among families in the five groups are presented in Table C-12. As at previous time points, there are high unemployment rates among families in all groups.

Data Collection

Field Organization and Training

Only minor changes were made in the field organization for the Home Start evaluation as described in Interim Report V: Summative Evaluation volume, October 1974, Chapter III. In order to maintain a high level of data quality, no new field staff were recruited and trained in the spring. The site coordinator position was eliminated in four of the six communities (Alabama, Arkansas, Ohio, and Texas) because the site coordinator either became a community interviewer or was not involved in evaluation activities. In these four sites community interviewers shared site coordination responsibilities--they were responsible for the scheduling of their own testing visits to family homes and Head Start centers and weekly monitoring of the performance of one other community interviewer in that site for data quality purposes. Since no central person was responsible for the review of completed materials, this function was taken over by the Coordinator for Field Operations. In Kansas and West Virginia, the field organization remained essentially the same, although Kansas community interviewers were more involved in the scheduling of testing visits than they had been during previous evaluation periods.

All field staff participated in a six-day training session in New Orleans for an in-depth review of the measurement battery and the Home Visit Observation Instrument.

Spring Testing Visits

The plan for the spring data collection period was to visit families exactly 34 weeks from the time the fall 1974 data were collected. As shown in Table C-13, for 70% of the two-year and one-year Home Start families the first visit took place exactly 34 weeks after the fall data were obtained. Second visit data were collected on a timely basis for 63% of the families. The primary reason data were obtained later than planned was that the families frequently were not home for the testing visit appointment. For the families not tested on time, there was a lag of about 1.5 weeks in obtaining the data. Data were obtained on a timely basis for a smaller percentage of Head Start families primarily because of early closings of Head Start centers and vacation plans of families. Data were obtained exactly 34 weeks following the fall data collection effort for less than half the Head Start families (49% for the first visit and 48% for second visit data). Again the delay was about 1.5 weeks for the first visit and slightly less for the second visit (1.2 weeks).

Battery Length

The mean time for each test as well as the total child, parent and battery time is presented in Table C-14 for the five groups and total sample. The mean child time (30.7 minutes) was slightly less than last fall's; the mean parent time is not directly comparable since the interview time for Part II of the Parent Interview was not available for spring 1975.

Conditions of Testing

Information gathered about testing conditions is summarized for the five groups and the total sample in Table C-15. The percentage of sessions where mothers were present (80.0) was slightly less than the figure from last fall (84.1%). As would be expected, since Head Start children were tested in the center rather than the home, fewer Head Start mothers were present at testing sessions. Overall, the mean number of people present at testing dropped slightly from previous figures.

Head Start had more problems with noise as compared to the other groups, but just the opposite was true for problems other than noise. However, comparable to last fall, about 27%

of the testing sessions were noted to be noisy and in less than 15% were other difficulties noted (such as child refusal or interference).

Nearly 100% of the Home Start testing took place in the home. Head Start children were usually tested at the centers. Over half of the testing that took place in the home occured in the living room with the testers and children generally working on the floor (44%).

Parental Reactions to Testing

In previous data collections the Parent Interview included questions eliciting parental reactions to the tests and interviews. Very few complaints about the data collection have been received. In spring 1975 these questions were not repeated, but the community interviewers were asked to rate the focal parent on a 10-item checklist containing bipolar adjectives similar to those on the POCL (alertness, sociability, outgoingness, involvement, confidence, casualness, calmness, agreeableness, activity, flexibility). This scale was administered in fall 1974 and spring 1975. Factor analysis of the spring data yielded one factor (accounting for 58% of the variance). It appears that the best interpretation of this factor may be the community interviewer's perception of the quality of the interaction with the parent, or the "cooperativeness" of the parent. Home Start and Head Start parents who had participated in evaluation activities for two years (four time points) received significantly lower ratings (mean score, 24.0) than the one-year parents (mean score, 27.9), suggesting declining enthusiasm with the testing and interviewing.

Data Quality

Site coordinators in Kansas and West Virginia were again responsible for monitoring the performance of each community interviewer weekly during the entire spring data collection period. In the other four sites (Alabama, Arkansas, Ohio and Texas), community interviewers accompanied each other for monitoring purposes once a week. During the second and third weeks of the spring field effort, a monitor from Abt Associates accompanied all community interviewers to determine data quality.

Inter-Judge Reliability

Inter-judge reliability of scoring between community interviewers, site coordinators and monitors increased both on the PSI and the DDST since last fall. This was primarily the result of having a field staff of experienced community interviewers who had been involved in at least one previous data collection effort. No new data collection staff were hired for the spring. Table C-16 shows a two-year comparison of inter-judge relaibility (from fall 1973 through spring 1975).

In the spring, 50.4% of the scoring discrepancies on the PSI were in the actual scoring of the child's response; 39.8% in indicating whether or not the child's response was verbal; and 9.8% in writing in the child's verbal response in the margin or indicating whether or not a probe was necessary to elicit a response from the child. The discrepancies were fairly evenly distributed among PSI items.

On the DDST, five items accounted for 72% of the discrepancies in scoring. The items were all Fine- and Gross Motor scale items--Forward and Backward Heel-to-Toe Walk, Balancing on One Foot, Building a Tower and Catching the Ball.

On the 8-Block Sort Task, discrepancies in scoring averaged 1.6 placements per 8-Block administration. This is a decrease in discrepancies since the fall when they averaged 2.4. Over half (52%) of the discrepancies were in scoring the placements made by the child, and 45% in focal parent placements. The remaining 3% were errors in recording the number of times the focal parent punished the child.

Measurement Administration Errors

The average number of administration errors made per measurement battery decreased drastically (by 38%) since the fall of 1974. Community interviewers averaged 4.5 errors per battery administration in the fall compared with 2.8 administration errors in the spring of 1975. As is shown in Table C-17, which presents a two-year overview of this aspect of data quality, there was a decrease in the number of administration errors since the fall on almost all of the instruments.

The type of administration error made on each of the measures can be broken down by error category. Noted in Tables C-18 and C-19 are percentages of the total number of administration errors for each of the categories. Table C-18 presents the breakdown of administration errors for the PSI, DDST, and 8-Block; Table C-19 for the parent interviews.

Incidence of Missing Data

Table C-20 presents the incidence of, and reason for, missing data for each test or questionnaire. For the total sample, the percentage of instruments with missing data was 2.8%, about the same level as reported last fall, and considerably lower than the 7.0% and 4.3% rates found in fall 1973 and spring 1974, respectively. In comparing the five groups in spring 1975, the highest incidence of missing data was found for the new Home Start group. Among the various measures, the PSI showed the highest incidence of tester error. The only measure that parent refusal affected was the 8-Block task. When considered together, these data indicate that once a family was located and interviewing and testing began, it was very unlikely that a test would be missing.

Summary

The factors examined to assess the quality of the summative data lead to the conclusion that the spring data are of comparable or higher quality than last fall's. Characteristics of the sample remained stable while the administration errors and incidence of missing data remained at the same level or decreased.

Table C-1

NUMBER OF FAMILIES BY SITE AND GROUP INCLUDED IN THE SAMPLE
Spring 1975

	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start	Kindergarte or Other Preschool
Alabama	23	16	16	9	0	9
Arkansas	24	16	11	10	0	10
Kansas	17	7	0	12	30	9
Ohio	12	5	0	16	30	12
Texas	13	4	13	8	0	2
West Virginia	17	23	21	17	0	2
TOTAL	106	71	61	72	60	44

Table C-2

PERCENT ATTRITION FROM THE SAMPLE
Fall 1974 to Spring 1975

	Two-Year Home Start	One-Year Home Start	Head Start	TOTAL SAMPLE
Alabama	13	12	20	14
Arkansas	14	06	45	18
Kansas	09	26	12	17
Ohio	30	26	27	27
Texas	21	52	52	44
West Virginia	31	21	05	20
AVERAGE	19	23	26	23

Table C-3

PERCENT ATTRITION FROM THE SAMPLE
Fall 1973 to Spring 1975

	Two-Year Home Start	One-Year Home Start	Head Start	TOTAL SAMPLE
Alabama	37	39	45	40
Arkansas	26	34	70	44
Kansas	52	58	**	55
Ohio	60	33	**	53
Texas	59	73	65	64
West Virginia	55	38	45	46
AVERAGE	48	44	57	49

**There has only been a Head Start sample in Ohio and Texas since fall 1974.

Table C-4

REASONS FOR NON-PARTICIPATION
TWO-YEAR AND ONE-YEAR HOME START FAMILIES
Spring 1975

	Family Moved	Lack of Interest/ Out of Program	Child in Preschool or Kindergarten	Family Could Not Be Reached	Parent Refused Permission	Family Illness	Family Problems	Other Miscellaneous Reasons	Total Number of Families Not Participating
Alabama	1	3	2	-	-	-	-	2	8
Arkansas	3	2	1	-	-	-	1	-	7
Kansas	4	4	-	-	-	1	-	2	11
Ohio	6	8	-	2	-	1	-	-	17
Texas	3	5	3	1	2	2	-	1	17
West Virginia	3	8	4	-	2	1	1	-	19
TOTAL	20	30	10	3	4	5	2	5	79

Table C-5

REASONS FOR NON-PARTICIPATION
TWO-YEAR AND ONE-YEAR HOME START FAMILIES
Two-Year Profile

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	Family Moved	Mother Working	Lack of Interest/ Out of Program	Child in Preschool or Kindergarten	Family Could Not Be Reached	Parent Refused Permission	Family Illness	Family Problems	Other Miscellaneous Reasons	Total Number of Families Dropped from Evaluation
Spring 1974	40%	-%	12%	13%	-%	1%	3%	3%	28%	93%
Fall 1974	25	3	6	34	6	9	2	5	9	64
Spring 1975	25	-	38	13	4	5	6	3	6	79
TOTAL	30	1	19	20	3	5	4	4	14	236

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Table C-6

COMPARISON OF TWO-YEAR HOME START FAMILIES RETAINED IN SAMPLE WITH TWO-YEAR HOME START FAMILIES DROPPED
Fall 1973 Scores

	Retained		Dropped			
	N	Mean	*N*	Mean	F-ratio	p
Sex	106	1.49	114	1.53	< 1	
DDST-FM	72	10.47	107	10.07	1.53	
DDST-L	79	25.72	105	25.93	< 1	
DDST-GM	69	10.87	93	10.75	< 1	
DDST-PS	103	10.45	112	10.36	< 1	
SBI-TO	103	23.67	114	22.93	1.02	
SBI-EI	103	22.67	114	22.74	< 1	
SBI-HT	103	18.96	114	19.32	< 1	
POCL-TO	103	21.66	114	22.38	< 1	
POCL-SOC	103	16.78	114	17.27	< 1	
Food Total	93	11.86	113	11.48	< 1	
Nutrition Total	93	7.96	113	8.04	< 1	
Height	74	38.82	112	39.66	3.99	<.05
Weight	74	33.39	113	34.53	2.03	
SES	97	4.78	106	4.65	< 1	
HES-Mom	86	10.86	113	10.12	3.65	
HES-Play	94	8.86	112	8.52	2.42	
HES-Teach	66	9.20	113	9.04	< 1	
HES-Task	86	9.35	114	8.97	3.63	
HES-Book	94	3.87	114	3.62	1.64	
HES-TV	93	2.29	111	2.31	< 1	
MBOS-Support	86	7.38	113	7.15	< 1	
MBOS-Punish	86	5.25	111	5.19	< 1	
8-Block Child	79	3.15	96	3.45	1.42	
PSI	69	7.81	76	8.86	1.86	
Occupation	102	4.93	113	4.80	1.14	
Mother's Educ.	101	4.86	107	4.85	< 1	
Urban/Rural	100	1.52	114	1.68	12.43	<.05
Age	106	45.16	114	48.00	9.35	<.05

Table C-7

COMPARISON OF ONE-YEAR HOME START FAMILIES RETAINED IN SAMPLE WITH ONE-YEAR HOME START FAMILIES DROPPED

Fall 1973 Scores

	Retained		Dropped			
	N	Mean	*N*	Mean	F-ratio	p
Sex	*71*	1.42	*67*	1.48	< 1	
DDST-FM	*53*	10.42	*65*	9.98	1.35	
DDST-L	*51*	25.98	*64*	24.96	1.46	
DDST-GM	*44*	10.81	*56*	10.63	< 1	
DDST-PS	*68*	10.86	*67*	10.48	2.18	
SBI-TO	*68*	21.52	*67*	22.63	1.14	
SBI-EI	*68*	22.67	*67*	22.44	< 1	
SBI-HT	*68*	18.98	*67*	19.72	< 1	
POCL-TO	*68*	20.98	*66*	22.13	< 1	
POCL-SOC	*68*	15.09	*66*	16.77	1.49	
Food Total	*69*	11.91	*67*	12.25	< 1	
Nutrition Total	*69*	7.59	*67*	8.03	1.34	
Height	*53*	39.39	*66*	39.08	< 1	
Weight	*53*	34.51	*66*	33.59	< 1	
SES	*66*	4.61	*61*	4.70	< 1	
HES-Mom	*59*	10.08	*64*	10.71	1.47	
HES-Play	*61*	8.46	*67*	8.28	< 1	
HES-Teach	*48*	8.41	*66*	8.96	1.52	
HES-Task	*59*	8.78	*67*	8.96	< 1	
HES-Book	*61*	3.52	*67*	3.65	< 1	
HES-TV	*58*	2.21	*63*	2.45	2.43	
MBOS-Support	*59*	6.75	*62*	7.27	1.47	
MBOS-Punish	*59*	4.95	*62*	5.37	1.67	
8-Block Child[1]	*71*	3.15	*67*	3.15	< 1	
PSI	*48*	7.82	*52*	6.44	1.66	
Occupation	*68*	4.73	*64*	4.88	< 1	
Mother's Educ.	*67*	4.88	*61*	4.87	< 1	
Urban/Rural	*66*	1.57	*66*	1.67	1.30	
Age	*71*	46.30	*67*	47.13	< 1	

[1] Site could not be used as a blocking factor in this analysis because of zero families at one site.

Table C-8

COMPARISON OF HEAD START FAMILIES RETAINED IN SAMPLE WITH HEAD START FAMILIES DROPPED
Fall 1973 Scores

	Retained		Dropped			
	N	Mean	N	Mean	F-ratio	p
Sex	61	1.42	81	1.52	1.12	
DDST-FM	42	10.79	80	10.61	< 1	
DDST-L	39	26.57	78	26.32	< 1	
DDST-GM	41	11.14	69	10.96	< 1	
DDST-PS	55	10.83	81	10.48	1.86	
SBI-TO	57	23.36	81	23.49	< 1	
SBI-EI	57	23.43	81	23.51	< 1	
SBI-HT	57	19.11	81	18.97	< 1	
POCL-TO	57	22.81	80	23.75	< 1	
POCL-SOC	57	16.99	80	17.75	< 1	
Food Total	57	12.25	81	12.54	< 1	
Nutrition Total	57	8.31	81	8.31	< 1	
Height	43	40.06	80	40.36	< 1	
Weight	43	36.40	80	36.26	< 1	
SES	56	6.10	72	5.63	2.45	
HES-Mom	36	10.80	81	10.64	< 1	
HES-Play	54	9.42	80	9.12	1.63	
HES-Teach	40	9.54	81	9.45	< 1	
HES-Task	36	9.27	80	9.08	< 1	
HES-Book	54	4.47	81	4.08	2.99	
HES-TV	52	2.29	80	2.35	< 1	
MBOS-Support	36	7.59	74	7.28	< 1	
MBOS-Punish	36	5.73	73	4.85	7.56	<.05
8-Block Child	36	3.60	70	3.38	< 1	
PSI	37	8.22	73	9.52	1.50	
Occupation	59	5.70	78	5.40	2.24	
Mother's Educ.	57	5.40	57	5.30	< 1	
Urban/Rural	54	1.79	74	1.83	< 1	
Age	61	45.16	81	48.50	9.90	<.05

Table C-9

ANALYSIS OF FAMILIES RETAINED IN SAMPLE FROM FALL 1973 TO SPRING 1975
TWO-YEAR HOME START VS. ONE-YEAR HOME START
Fall 1973 Scores

	Two-Year Home Start		One-Year Home Start			
	N	Mean	N	Mean	F-ratio	p
Sex	106	1.49	70	1.42	< 1	
DDST-FM	72	10.47	52	10.42	< 1	
DDST-L	79	25.72	51	25.98	< 1	
DDST-GM	69	10.87	44	10.81	< 1	
DDST-PS	103	10.45	68	10.86	2.75	
SBI-TO	103	23.67	67	21.47	5.75	<.05
SBI-EI	103	22.67	67	22.64	< 1	
SBI-HT	103	18.96	67	18.95	< 1	
POCL-TO	103	21.65	67	20.97	< 1	
POCL-SOC	103	16.78	67	15.06	1.67	
Food Total	93	11.86	68	11.90	< 1	
Nutrition Total	93	7.96	68	7.57	1.05	
Height	74	38.82	52	39.36	1.02	
Weight	74	33.39	52	34.39	1.10	
SES	97	4.78	65	4.60	< 1	
HES-Mom	86	10.86	58	10.08	2.59	
HES-Play	94	8.86	60	8.45	2.38	
HES-Teach	66	9.20	47	8.41	3.96	<.05
HES-Task	86	9.35	58	8.77	4.75	<.05
HES-Book	94	3.87	60	3.54	1.68	
HES-TV	93	2.29	57	2.21	< 1	
MBOS-Support	86	7.38	58	6.76	2.75	
MBOS-Punish	86	5.25	58	4.95	< 1	
8-Block Child[1]	106	3.32	71	3.22	< 1	
PSI	69	7.81	45	7.74	< 1	
Occupation	102	4.93	67	4.72	1.95	
Mother's Educ.	101	4.86	66	4.88	< 1	
Urban/Rural	100	1.52	65	1.57	< 1	
Age	106	45.16	70	46.26	1.17	

[1] Site could not be used as a blocking factor for this variable because of zero families at one site.

Table C-10

ANALYSIS OF FAMILIES RETAINED IN SAMPLE FROM FALL 1973 TO SPRING 1975
TWO-YEAR HOME START VS. HEAD START
Fall 1973 Scores

	Two-Year Home Start		Head Start			
	N	Mean	N	Mean	F-ratio	p
Sex	77	1.44	61	1.42	< 1	
DDST-FM	52	10.85	48	10.79	< 1	
DDST-L.	60	26.35	59	26.57	< 1	
DDST-GM	49	11.10	41	11.14	< 1	
DDST-PS	74	10.52	56	10.83	1.74	
SBI-TO	74	24.43	57	23.36	1.51	
SBI-EI	74	23.15	57	23.43	< 1	
SBI-HT	74	19.21	57	19.11	< 1	
POCL-TO	74	22.79	57	22.81	< 1	
POCL-SOC	74	17.05	57	16.99	< 1	
Food Total	65	12.11	57	12.25	< 1	
Nutrition Total	65	8.10	57	8.31	< 1	
Height	54	39.58	43	40.06	1.14	
Weight	54	34.26	43	36.40	4.50	<.05
SES	69	4.80	56	6.10	18.21	<.05
HES-Mom	60	10.77	36	10.80	< 1	
HES-Play	67	8.66	54	9.42	8.54	<.05
HES-Teach	46	8.92	40	9.54	3.37	
HES-Task	60	9.26	36	9.27	< 1	
HES-Book	67	3.80	54	4.47	7.09	<.05
HES-TV	67	2.29	52	2.29	< 1	
MBOS-Support	60	7.50	36	7.59	< 1	
MBOS-Punish	60	4.93	36	5.73	5.78	<.05
8-Block Child	62	3.45	36	3.60	< 1	
PSI	51	8.62	37	8.22	< 1	
Occupation	73	5.07	59	5.70	13.32	<.05
Mother's Educ.	73	4.72	57	5.40	13.02	<.05
Urban/Rural	71	1.29	54	1.79	41.61	<.05
Age	77	47.32	61	45.16	4.86	<.05

Table C-11

DEMOGRAPHIC CHARACTERISTICS--CHILDREN PREVIOUSLY TESTED

	Number of Families	Number of Children	Focal Children								
			Age (years)								
			4	4½	5	5½	6	6½	7	M	F
Huntsville, ALABAMA											
Two-Year Home Start	23	23					19	4		13	10
One-Year Home Start	16	16				2	8	5	1	8	8
Head Start	16	16			5	5	3	3		7	9
New Home Start	9	9				3	4	2		6	3
New Head Start											
TOTAL SAMPLE	64	64			5	10	34	14	1	34	30
Dardanelle, ARKANSAS											
Two-Year Home Start	24	24		1	5	6	7	5		13	11
One-Year Home Start	16	16	1	1	2	6	4	2		11	5
Head Start	11	11			7	2	1	1		10	1
New Home Start	10	10	2	6		1	1			4	6
New Head Start											
TOTAL SAMPLE	61	61	3	8	14	15	13	8		38	23
Wichita, KANSAS											
Two-Year Home Start	17	17		2	8	6	1			7	10
One-Year Home Start	7	7		2	2	3				4	3
Head Start											
New Home Start	12	12		7	2	2	1			6	6
New Head Start	30	30		1	13	15		1		16	14
TOTAL SAMPLE	66	66		12	25	26	2	1		23	33
Cleveland, OHIO											
Two-Year Home Start	12	12		6		6				5	7
One-Year Home Start	5	5		1	3	1				2	3
Head Start											
New Home Start	16	16		5	9	2				11	5
New Head Start	30	30	2	11	12	4	1			14	16
TOTAL SAMPLE	63	63	2	23	24	13	1			32	31
Houston, TEXAS											
Two-Year Home Start	13	13		2	5	6				8	5
One-Year Home Start	4	4			2	1		1		3	1
Head Start	13	13			5	8				5	8
New Home Start	8	8		2	4	2				4	4
New Head Start											
TOTAL SAMPLE	38	38		4	16	17		1		20	18

Continued:

Table C-11

DEMOGRAPHIC CHARACTERISTICS--CHILDREN PREVIOUSLY TESTED (continued)

	Number of Families	Number of Children	Focal Children								
			Age (years)								
			4	4½	5	5½	6	6½	7	M	F
Parkersburg, WEST VIRGINIA											
Two-Year Home Start	17	17		1	5	3	6	2		9	8
One-Year Home Start	23	23		1	3	11	7	1		13	10
Head Start	21	21		1	7	12	1			12	9
New Home Start	17	17	4	3	9	1				8	9
New Head Start											
TOTAL SAMPLE	78	78	4	6	24	27	14	3		42	36
TOTAL											
Two-Year Home Start	106	106		12	23	27	33	11		55	51
One-Year Home Start	71	71	1	5	12	24	19	9	1	41	30
Head Start	61	61		1	24	27	5	4		34	27
New Home Start	72	72	6	23	24	11	6	2		39	33
New Head Start	60	60	2	12	25	19	1	1		30	30
TOTAL SAMPLE	370	370	9	53	108	108	64	27	1	199	171

Table C-12

EMPLOYMENT PATTERNS OF FAMILIES PREVIOUSLY INVOLVED IN THE EVALUATION (Percents)

	N	Unemployment Rate No Family Members Employed	At Least Two Family Members Employed	Mother Employed	Mother Is Sole Support
ALABAMA					
Two-Year Home Start	*23*	17	26	35	52
One-Year Home Start	*16*	19	25	37	06
Head Start	*16*	50	00	19	19
New Home Start	*9*	40	30	30	10
New Head Start	*0*	--	--	--	--
TOTAL SAMPLE	*64*	29	25	36	25
ARKANSAS					
Two-Year Home Start	*24*	37	08	17	54
One-Year Home Start	*16*	25	12	19	00
Head Start	*11*	09	36	73	36
New Home Start	*10*	00	30	40	10
New Head Start	*0*	--	--	--	--
TOTAL SAMPLE	*61*	21	20	31	25
KANSAS					
Two-Year Home Start	*17*	47	18	35	35
One-Year Home Start	*7*	57	00	14	14
Head Start	*0*	--	--	--	--
New Home Start	*12*	33	17	25	08
New Head Start	*30*	20	07	30	20
TOTAL SAMPLE	*66*	35	09	29	23
OHIO					
Two-Year Home Start	*12*	75	08	08	17
One-Year Home Start	*5*	80	00	00	00
Head Start	*0*	--	--	--	--
New Home Start	*16*	69	00	12	12
New Head Start	*30*	60	10	13	03
TOTAL SAMPLE	*63*	69	05	11	08
TEXAS					
Two-Year Home Start	*13*	23	15	38	61
One-Year Home Start	*4*	00	75	75	00
Head Start	*13*	46	08	38	31
New Home Start	*8*	25	12	12	00
New Head Start	*0*	--	--	--	--
TOTAL SAMPLE	*38*	30	30	37	30

Continued:

Table C-12

EMPLOYMENT PATTERNS OF FAMILIES PREVIOUSLY INVOLVED IN THE EVALUATION

(Percents)
(continued)

	N	Unemployment Rate No Family Members Employed	At Least Two Family Members Employed	Mother Employed	Mother Is Sole Support[1]
WEST VIRGINIA					
Two-Year Home Start	*17*	53	00	00	47
One-Year Home Start	*23*	43	04	09	04
Head Start	*21*	33	14	43	28
New Home Start	*17*	41	00	00	00
New Head Start	*00*	--	--	--	--
TOTAL SAMPLE	*78*	41	05	14	19
TOTAL					
Two-Year Home Start	*106*	40	13	23	46
One-Year Home Start	*71*	35	14	21	04
Head Start	*61*	36	13	41	28
New Home Start	*72*	39	12	18	07
New Head Start	*60*	40	08	22	12
TOTAL SAMPLE	*370*	38	13	25	21

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[1] The *N* for items requiring the mother's response is somewhat less than the total number of respondents since, overall, 7.3% of the interviews were completed by someone other than the mother; the total number of mothers responding was 382.

Table C-13

PERCENT OF FAMILIES TESTED ON SCHEDULE

		Home Start	Head Start	TOTAL SAMPLE
Visit I		70	49	60
Visit II		63	48	56
Mean number of weeks from specified time period	Visit I	1.5	1.5	1.5
	Visit II	1.5	1.2	1.4

Table C-14

SPRING 1975 TESTING TIMES

Measures	*N*	Mean (minutes)	SD	Maximum
Child Measures				
PSI				
Two-Year Home Start	106	11.2	3.34	20.0
One-Year Home Start	70	11.2	3.53	20.0
Head Start	60	10.2	2.62	17.0
New Home Start	72	11.0	4.43	20.0
New Head Start	59	12.1	2.50	20.0
Total Sample	411	11.1	3.34	20.0
DDST				
Two-Year Home Start	106	17.1	4.26	28.0
One-Year Home Start	71	18.2	4.39	36.0
Head Start	59	16.9	3.97	31.0
New Home Start	72	17.3	5.42	30.0
New Head Start	60	16.2	4.71	30.0
Total Sample	412	17.3	4.58	36.0
HEIGHT AND WEIGHT				
Two-Year Home Start	102	2.5	1.23	6.0
One-Year Home Start	68	2.8	1.40	7.0
Head Start	60	2.1	0.92	5.0
New Home Start	70	2.7	1.57	10.0
New Head Start	60	2.7	1.34	5.0
Total Sample	404	2.6	1.30	10.0
TOTAL CHILD TIME				
Two-Year Home Start	106	30.7	6.69	50.0
One-Year Home Start	71	31.9	6.55	48.0
Head Start	61	28.4	6.18	49.0
New Home Start	72	31.0	8.90	53.0
New Head Start	60	30.7	7.49	50.0
Total Sample	414	30.7	7.13	53.0
Parent Questionnaires				
SBI				
Two-Year Home Start	105	5.0	2.13	15.0
One-Year Home Start	71	5.1	2.33	12.0
Head Start	59	4.2	1.78	10.0
New Home Start	72	5.5	2.60	15.0
New Head Start	60	5.9	2.62	14.0
Total Sample	411	5.1	2.29	15.0

Continued:

Table C-14

SPRING 1975 TESTING TIMES
(continued)

Measures	N	Mean (minutes)	SD	Maximum
Parent Questionnaires (continued)				
HES				
Two-Year Home Start	105	6.7	2.65	20.0
One-Year Home Start	71	6.1	2.05	12.0
Head Start	59	5.7	1.97	12.0
New Home Start	72	6.6	2.01	15.0
New Head Start	60	6.2	2.39	14.0
Total Sample	411	6.3	2.25	20.0
PARENT INTERVIEW I				
Two-Year Home Start	104	5.7	2.91	17.0
One-Year Home Start	71	4.8	1.88	10.0
Head Start	59	4.1	1.72	10.0
New Home Start	72	5.7	2.50	15.0
New Head Start	60	6.7	4.63	29.0
Total Sample	410	5.4	2.92	29.0
FOOD INTAKE				
Two-Year Home Start	106	7.4	3.09	20.0
One-Year Home Start	71	8.2	2.92	17.0
Head Start	57	5.5	2.94	15.0
New Home Start	72	7.5	3.28	21.0
New Head Start	59	6.7	3.09	20.0
Total Sample	409	7.2	3.09	21.0
TOTAL PARENT TIME				
Two-Year Home Start	106	24.6	7.57	65.0
One-Year Home Start	71	24.1	5.61	40.0
Head Start	59	19.3	5.50	43.0
New Home Start	72	25.3	6.76	51.0
New Head Start	60	25.4	8.12	48.0
Total Sample	412	23.8	6.92	65.0
Parent-Child Interaction				
8-BLOCK				
Two-Year Home Start	103	17.2	12.98	130.0
One-Year Home Start	69	17.7	8.91	50.0
Head Start	58	16.9	15.1	122.0
New Home Start	71	19.9	8.06	43.0
New Head Start	56	15.5	5.89	31.0
Total Sample	399	17.3	10.56	130.0

Continued:

Table C-14

SPRING 1975 TESTING TIMES
(continued)

Measures	N	Mean (minutes)	SD	Maximum
TOTAL BATTERY TIME[1]				
Two-Year Home Start	106	72.1	17.66	184.0
One-Year Home Start	71	73.2	14.90	118.0
Head Start	61	63.1	20.24	165.0
New Home Start	72	75.9	17.61	135.0
New Head Start	60	70.7	17.45	105.0
Total Sample	414	71.1	17.50	184.0

[1] Total Battery Time does not include time for Parent Interview II, which was not available for spring 1975.

Table C-15

CONDITIONS OF TESTING SUMMARIZED OVER ALL MEASURES

	Group	Log 1	Logs 2 & 3	Spring Mean	Fall 74 Mean
Percent of testing situations where mother was present	Two-Year Home Start	88.6	87.7	88.2	94.0
	One-Year Home Start	85.9	97.6	90.2	95.4
	Head Start	52.5	88.9	63.6	61.0
	New Home Start	91.5	88.0	90.6	
	New Head Start	26.7	91.1	54.3	
	Total Sample	72.6	90.8	80.0	84.1
Percent of testing situations where Home Visitor or teacher was present	Two-Year Home Start	48.6	31.6	42.6	39.9
	One-Year Home Start	64.8	51.2	59.8	48.5
	Head Start	8.2	0.0	5.7	6.0
	New Home Start	50.0	44.0	48.4	
	New Head Start	3.3	0.0	1.9	
	Total Sample	37.9	25.6	31.2	32.5
Mean number of people in the room	Two-Year Home Start	5.6	5.6	5.6	5.0
	One-Year Home Start	5.1	5.2	5.1	4.9
	Head Start	4.1	3.6	3.9	3.8
	New Home Start	5.6	5.6	5.6	
	New Head Start	3.9	4.2	4.0	
	Total Sample	5.0	4.9	4.9	4.6
Percent of testing in noisy situations	Two-Year Home Start	29.5	33.3	30.9	22.0
	One-Year Home Start	25.7	39.0	30.6	21.0
	Head Start	37.7	33.3	36.4	27.2
	New Home Start	26.4	32.0	27.8	
	New Head Start	18.3	15.6	17.1	
	Total Sample	27.7	30.3	27.4	23.3
Percent of testing sessions where tester had difficulties	Two-Year Home Start	16.2	16.1	16.1	14.6
	One-Year Home Start	11.4	12.2	11.7	18.9
	Head Start	18.3	3.7	13.8	9.1
	New Home Start	22.5	20.0	21.9	
	New Head Start	6.7	4.4	5.7	
	Total Sample	15.3	11.3	13.6	14.5

Continued:

Table C-15

CONDITIONS OF TESTING SUMMARIZED OVER ALL MEASURES
(continued)

	Group	Log 1	Logs 2 & 3	Spring Mean	Fall 74 Mean
Frequency of testing done at:					
Center	Two-Year Home Start	0	0	0	1.2
	One-Year Home Start	0	0	0	0
	Head Start	48	16	72.7	66.7
	New Home Start	0	0	0	
	New Head Start	45	7	50.0	
	Total Sample	93	23	18.9	21.6
Home	Two-Year Home Start	104	57	100.0	98.4
	One-Year Home Start	71	41	100.0	100.0
	Head Start	13	11	27.3	32.6
	New Home Start	72	25	100.0	
	New Head Start	15	37	50.0	
	Total Sample	275	171	81.1	78.1
Frequency of testing in each location:					
Living Room	Two-Year Home Start	72	27	61.1	61.9
	One-Year Home Start	47	22	61.6	65.8
	Head Start	9	9	20.4	19.5
	New Home Start	42	18	61.8	
	New Head Start	7	16	22.1	
	Total Sample	177	92	47.8	50.0
Dining Room	Two-Year Home Start	6	5	6.8	5.7
	One-Year Home Start	4	1	8.0	6.5
	Head Start	0	2	2.3	4.1
	New Home Start	4	0	4.1	
	New Head Start	1	5	5.8	
	Total Sample	15	13	5.0	5.5
Kitchen	Two-Year Home Start	12	4	9.9	11.7
	One-Year Home Start	4	3	6.2	8.0
	Head Start	2	0	2.3	5.6
	New Home Start	10	4	14.4	
	New Head Start	0	5	4.8	
	Total Sample	28	16	7.8	8.4

Continued:

Table C-15

CONDITIONS OF TESTING SUMMARIZED OVER ALL MEASURES
(continued)

	Group	Log 1	Logs 2 & 3	Spring Mean	Fall 74 Mean
Frequency of testing in each location: (continued)					
Living Room plus another room	Two-Year Home Start	4	14	11.1	17.4
	One-Year Home Start	4	8	10.7	14.4
	Head Start	0	0	0	5.3
	New Home Start	7	1	8.2	
	New Head Start	5	9	13.5	
	Total Sample	20	32	9.2	12.5
Other[1]	Two-Year Home Start	11	7	11.1	3.2
	One-Year Home Start	12	7	17.0	5.2
	Head Start	50	16	75.0	65.4
	New Home Start	9	2	10.7	
	New Head Start	46	10	53.8	
	Total Sample	128	42	30.2	23.7
Frequency of testing done on:					
Large Table	Two-Year Home Start	15	6	13.0	17.9
	One-Year Home Start	5	4	8.1	14.1
	Head Start	7	3	11.4	18.0
	New Home Start	13	4	17.5	
	New Head Start	11	4	15.6	
	Total Sample	51	21	13.0	16.4
Child-sized Table	Two-Year Home Start	8	3	6.8	7.7
	One-Year Home Start	2	4	5.4	6.7
	Head Start	19	14	37.5	34.5
	New Home Start	5	5	10.3	
	New Head Start	11	0	11.4	
	Total Sample	45	26	12.8	15.5

Continued:

Table C-15

CONDITIONS OF TESTING SUMMARIZED OVER ALL MEASURES
(continued)

	Group	Log 1	Logs 2 & 3	Spring Mean	Fall 74 Mean
Frequency of testing done on: (continued)					
Floor	Two-Year Home Start	47	29	46.9	22.8
	One-Year Home Start	42	21	56.7	26.4
	Head Start	22	3	28.4	14.6
	New Home Start	34	8	43.3	
	New Head Start	23	16	40.6	
	Total Sample	168	77	44.2	21.6
Couch	Two-Year Home Start	4	3	4.3	6.1
	One-Year Home Start	2	0	1.8	4.0
	Head Start	0	1	1.1	0.4
	New Home Start	3	0	3.1	
	New Head Start	0	2	2.1	
	Total Sample	9	6	2.7	3.5
Large Table and Chair	Two-Year Home Start	0	2	1.2	16.7
	One-Year Home Start	0	0	0	16.3
	Head Start	0	0	0	14.2
	New Home Start	0	0	0	
	New Head Start	0	9	9.4	
	Total Sample	0	11	2.0	15.7
Child-sized Table and Floor	Two-Year Home Start	10	7	10.5	7.7
	One-Year Home Start	3	4	6.3	11.7
	Head Start	6	2	9.1	7.3
	New Home Start	6	3	9.3	
	New Head Start	4	3	7.3	
	Total Sample	29	19	8.7	9.1
Couch and Floor	Two-Year Home Start	15	3	11.1	8.5
	One-Year Home Start	14	4	16.2	10.1
	Head Start	0	0	0	1.5
	New Home Start	7	1	8.2	
	New Head Start	2	3	5.2	
	Total Sample	38	11	8.8	7.0

Continued:

Table C-15

CONDITIONS OF TESTING SUMMARIZED OVER ALL MEASURES
(continued)

Group		Log 1	Logs 2 & 3	Spring Mean	Fall 74 Mean
Frequency of testing done on: (continued)					
Other[2]	Two-Year Home Start	6	4	6.2	10.1
	One-Year Home Start	3	3	5.4	11.4
	Head Start	7	4	12.5	8.9
	New Home Start	4	4	8.2	
	New Head Start	2	6	8.3	
	Total Sample	22	21	7.8	10.2

[1] Examples of "other" include Head Start Center, dining room and kitchen, hallway.

[2] Examples of "other" include table and chair, floor and bed.

Table C-16

TWO-YEAR COMPARISON OF INTER-JUDGE RELIABILITY PSI and DDST[1]

	PSI	DDST
Fall 1973	95.6%	95.1%
Spring 1974	97.9	89.0
Fall 1974	97.6	95.1
Spring 1975	98.5	96.5
Overall (mean) Reliability	97.4	93.9

[1] During the spring, inter-judge reliability by site ranged from 98% to 99.4% on the PSI and from 94.9% to 100% on the DDST.

Table C-17

TWO-YEAR COMPARISON OF NUMBER OF ADMINISTRATION ERRORS

	PSI	DDST	8-Block	Food Intake	Parent Interviews	Home Environment Scale	Schaefer Behavior Inventory	Height and Weight	TOTAL PER BATTERY
Fall 1973	2.2	2.1	2.0	1.3	1.1	0.6	0.4	N/A	9.7
Spring 1974	1.1	1.0	0.5	0.3	0.3	0.2	0.2	0.05	3.7
Fall 1974	1.2	1.3	0.5	0.5	0.6	0.1	0.1	0.06	4.5
Spring 1975	0.6	0.8	0.4	0.5	0.3	0.1	0.1	0.0	2.8
MEAN	1.3	1.3	0.9	0.7	0.6	0.3	0.2	0.04	5.3

Table C-18

PERCENT OF ADMINISTRATION ERRORS BY CATEGORY
PRESCHOOL INVENTORY (PSI)
DENVER DEVELOPMENTAL SCREENING TEST (DDST)
8-BLOCK TASK

Error Category	PSI (N=50)*	DDST (N=38)*	8-BLOCK (N=19)*
Repeats (too many or too few)	32	29	11
Incorrect Wording of Questions	8	29	21
Incorrect Placement of Materials	26	11	11
Skipping a Question or Stopping Test Incorrectly	4	5	5
Failing to Have Correct Materials for Test	4	0	0
Probing (too much or too little)	24	N/A	N/A
Choosing Inappropriate Environment for Test	N/A	8	N/A
Failing to Ask Parent for Verbal Response	N/A	N/A	11
Failing to Ask Parent for Block Placement	N/A	N/A	5
Failing to Ask Child Correct Questions	N/A	N/A	11
Other	2	18	26

*N = Total number of errors; during the spring 87 PSI, 48 DDST and 47 8-Block administrations were monitored.

Table C-19

PERCENT ADMINISTRATION ERRORS BY CATEGORY
PARENT INTERVIEWS

Error Category/Measurement	Food Intake	Parent Interviews	Home Environment Scale	Schaefer Behavior Inventory
N*	37	15	8	7
Incorrect Wording of Questions	19	53	0	0
Probing Too Much or Too Little	68	7	100	0
Skipping a Question	3	20	0	0
Other	11	20	0	100

*N = Total number of errors made; during the spring 1973 Food Intakes, 120 Parent Interviews (72 PI-I; 48 PI-II), 69 Home Environment Scales, and 73 Schaefer Behavior Inventories were monitored.

Table C-20

REASONS FOR MISSING DATA--SPRING 1975

Child Measures	Number of Instruments Administered	Number of Instruments With Missing Data	Interviewer's Comments				
			Child Refusal	Tester Error	Uncontrollable Circumstances	Language Difficulties	Parent Refusal
PSI							
Two-Year Home Start	106	7		7			
One-Year Home Start	71	6		6			
Head Start	61	5		5			
New Home Start	72	11		11			
New Head Start	60	1		1			
Total Sample	370	30		30			
DDST							
Two-Year Home Start	106	6	5		1		
One-Year Home Start	71	2	2		0		
Head Start	59	0	0		0		
New Home Start	72	10	10		0		
New Head Start	60	1	1		0		
Total Sample	368	19	18		1		
HEIGHT AND WEIGHT							
Two-Year Home Start	106	2	2				
One-Year Home Start	71	0	0				
Head Start	61	0	0				
New Home Start	72	2	2				
New Head Start	60	0	0				
Total Sample	370	4	4				

Continued:

Table C-20

REASONS FOR MISSING DATA--SPRING 1975
(continued)

	Number of Instruments Administered	Number of Instruments With Missing Data	Interviewer's Comments				
			Child Refusal	Tester Error	Uncontrollable Circumstances	Language Difficulties	Parent Refusal
Parent Questionnaires							
SBI							
Two-Year Home Start	106	1		1			
One-Year Home Start	71	1		1			
Head Start	59	0		0			
New Home Start	72	2		2			
New Head Start	60	0		0			
Total Sample	368	4		4			
HES							
Two-Year Home Start	106	0					
One-Year Home Start	71	0					
Head Start	59	0					
New Home Start	72	0					
New Head Start	60	0					
Total Sample	368	0					
PARENT INTERVIEW I							
Two-Year Home Start	106	0			0		
One-Year Home Start	71	0			0		
Head Start	59	0			0		
New Home Start	72	1			1		
New Head Start	60	0			0		
Total Sample	368	1			1		

Continued:

Table C-20

REASONS FOR MISSING DATA--SPRING 1975
(continued)

	Number of Instruments Administered	Number of Instruments With Missing Data	Interviewer's Comments				
			Child Refusal	Tester Error	Uncontrollable Circumstances	Language Difficulties	Parent Refusal
Parent Questionnaires (continued)							
FOOD INTAKE							
Two-Year Home Start	106	1		1			
One-Year Home Start	71	0		0			
Head Start	59	0		0			
New Home Start	72	0		0			
New Head Start	60	0		0			
Total Sample	368	1		1			
Parent-Child Interaction							
8-BLOCK							
Two-Year Home Start	106	6	4	1	0		1
One-Year Home Start	71	4	2	0	0		2
Head Start	59	2	1	0	0		1
New Home Start	72	8	7	0	1		0
New Head Start	60	5	1	0	1		3
Total Sample	368	25	15	1	2		7
TOTAL							
Two-Year Home Start	848	23	11	10	1		1
One-Year Home Start	568	13	4	7	0		2
Head Start	476	7	1	5	1		1
New Home Start	576	31	19	14	1		0
New Head Start	480	8	2	1	0		3
Total Sample	2948	82	37	37	3		7

Appendix D

PSYCHOMETRIC ANALYSES OF CHILD AND PARENT INSTRUMENTS

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PSYCHOMETRIC ANALYSES OF CHILD AND PARENT INSTRUMENTS

This appendix presents psychometric data on the child and parent measures for the spring 1975 data collection. Previous reports have contained extensive discussion of these instruments, rationale for their use, and psychometric analyses for these measures at each of the data collection time points. The reader is referred to those reports for the following information:

1. Interim Report IV (March, 1974)
   - discussion of instruments and rationale for use
   - psychometric analyses of fall 1973 data
2. Interim Report V (October, 1974)
   - discussion of revision of instruments
   - psychometric analyses of spring 1974 data
   - fall 1973 to spring 1974 change score analyses
3. Interim Report VI (March, 1975)
   - psychometric analyses of fall 1974 data
   - fall 1973 to fall 1974 change score analysis
   - composite tables of instrument reliabilities (test-retest, alphas)

The analyses presented in this appendix represent an attempt to examine the internal characteristics of each instrument. The purpose of these analyses is to re-examine the strengths and weaknesses of individual items and of scale scores created from these items. Previous analyses have identified "weak" items and, in most cases, these items were subsequently modified or eliminated from the battery. Items were considered weak if they failed to discriminate among age groups, yielded erratic scores over time, or were unusually difficult to interpret.

Most of the instruments have had extensive analysis at four or five time points (including pilot testing). The current analyses are a check on the similarity of the psychometric characteristics of these measures at this time point (spring 1975) with previously reported characteristics. Knowledge of the stability, or lack of stability, of these internal characteristics of the tests is essential to proper interpretation of the analysis of covariance comparisons presented in chapter IV (Findings).

For the majority of these measures, response distributions, item-to-scale correlations (with the item extracted from the scale score), and alpha coefficients are reported within group. The response distributions provide an indication of the appropriateness of each item for the populations sampled. A high proportion of "refusals", for example, may indicate that testers had difficulty establishing rapport. A high proportion of "wrong" responses, on the other hand, may indicate the item is too difficult. Percent passing figures indicate whether individual items are developmental in nature, i.e., by demonstrating increased percent passing with increasing age. (Percent passing each item by age was presented in the three previously mentioned reports but is not reported again). The alpha coefficient is reported as the index of the internal consistency of each scale or test score (when items are dichotomous alpha is equivalent to KR-20). Alpha is an important index since it sets an upper limit to a scale's reliability (Nunnally, 1967). Internal consistency reliability is generally close to alternate form reliability.

With the exception of children who entered kindergarten or another preschool program, all children for whom spring 1975 data were available were included in these analyses, whether or not data from all previous time points were available for these children. In general, the psychometric characteristics of the measures are substantially similar to those previously reported for these instruments. The minor differences in internal consistency between the current and previous analyses may be partially explained by the elimination from the samples of those children who entered kindergarten or another program, and were no longer members of their original treatment group.

The tables are presented in a somewhat different format from the previous presentations. Since new children were added to the original control group (the One-year Home Start group), and two additional sites added Head Start programs, the psychometric analyses are presented for each of the five groups: Two-year Home Start, One-year Home Start, Head Start (two years), New Home Start (one year of treatment), and New Head Start (one year of treatment).

Table D-1

PRESCHOOL INVENTORY ITEMS

1. What is your first name?
2. Show me your shoulder.
3. What is this (knee)?
4. What is this (elbow)?
5. Put the yellow car on the little box.
6. Put the blue car under the green box.
7. Put 2 cars behind the box in the middle.
8. If you were sick, who would you go to?
9. When do we eat breakfast?
10. If you wanted to find a lion where would you look?
11. What does a dentist do?
12. Which way does a phonograph record go?
13. Which way does a ferris wheel go?
14. How many hands do you have?
15. How many wheels does a bicycle have?
16. How many wheels does a car have?
17. How many toes do you have?
18. Which is slower, a car or a bicycle?
19. Point to the middle one.
20. Point to the first one.
21. Point to the last one.
22. Point to the second one.
23. Which of these 2 groups has less checkers in it?
24. Which of these 2 groups has more checkers in it?
25. Point to the one that is most like a tent.
26. Make one like this (square).
27. Make one like this (triangle).
28. Which one is the color of night?
29. Color the square.
30. Color the square purple.
31. Color the triangle.
32. Color the triangle orange.

Table D-2

PRESCHOOL INVENTORY: PERCENT PASSING EACH ITEM BY GROUP

Item[1]	Group Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start	Total Sample
	(N=99)	*(N=65)*	*(N=55-56)*	*(N=60)*	*(N=58-59)*	*(N=381-382)*
1	86.9	87.7	87.5	80.0	88.1	87.2
2	87.9	87.7	94.6	81.7	88.1	88.5
3	87.9	84.6	89.3	83.3	81.4	86.4
4	74.7	83.1	82.1	63.3	74.6	77.0
5	59.6	69.2	67.9	61.7	81.4	69.4
6	54.5	50.8	52.7	46.7	62.7	55.6
7	27.3	20.0	20.0	16.7	28.8	24.4
8	74.7	72.3	83.9	63.3	71.2	73.3
9	73.7	58.5	55.4	58.3	61.0	64.1
10	54.5	33.8	35.7	33.3	54.2	46.6
11	80.8	73.8	83.9	70.0	74.6	77.2
12	42.4	40.0	46.4	38.3	66.1	47.4
13	34.3	26.1	28.6	23.3	39.0	30.9
14	66.7	75.4	58.9	55.0	66.1	64.4
15	84.8	80.0	76.8	66.7	67.8	76.4
16	65.7	63.1	57.1	46.7	51.7	59.3
17	28.3	27.7	08.9	18.3	16.9	23.0
18	75.8	72.3	78.6	68.3	55.2	72.2
19	73.7	72.3	83.9	66.7	72.9	75.4
20	57.6	55.4	53.6	50.0	52.5	56.3
21	52.5	50.8	60.7	43.3	55.9	56.0
22	42.4	49.2	42.9	48.3	42.4	46.3
23	32.3	26.1	26.8	30.0	37.3	32.7
24	12.1	13.8	10.7	10.0	13.6	12.6
25	79.8	83.1	82.1	78.3	72.9	80.4
26	65.7	67.7	82.1	63.3	62.7	69.4
27	56.6	67.7	64.3	38.3	39.0	55.2
28	77.8	66.1	73.2	68.3	78.0	74.3
29	63.6	58.5	58.9	45.0	52.5	58.6
30	78.8	69.2	82.1	73.3	76.3	76.7
31	76.8	72.3	76.8	65.0	64.4	72.8
32	86.9	80.0	91.1	86.7	81.4	86.4

---

[1] See key to items.

Table D-3

PRESCHOOL INVENTORY: ITEM-TOTAL CORRELATIONS BY GROUP

Item[1]	Group				
	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start
	(N=99)	*(N=65)*	*(N=60)*	*(N=56)*	*(N=58-59)*
1	-03	13	17	17	04
2	28	36	31	10	21
3	34	33	23	14	43
4	44	34	47	40	70
5	35	33	37	32	51
6	45	47	54	53	26
7	25	30	08	24	36
8	29	08	30	19	39
9	34	35	24	26	47
10	43	46	32	26	42
11	43	44	48	33	50
12	40	14	25	33	39
13	39	50	22	27	32
14	32	10	07	29	27
15	29	34	39	63	02
16	49	51	26	31	47
17	51	35	45	28	53
18	27	28	23	36	02
19	61	59	50	50	59
20	48	45	27	29	24
21	53	52	35	45	53
22	17	-07	-11	31	20
23	25	-10	22	08	03
24	10	01	21	28	21
25	41	26	06	22	41
26	51	65	47	40	62
27	57	49	31	35	53
28	39	49	16	61	25
29	52	42	39	68	52
30	38	30	18	27	45
31	36	37	40	53	35
32	38	34	34	32	47

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[1] See key to items.

Table D-4

KEY TO
DENVER DEVELOPMENTAL SCREENING TEST

Test Booklet Item Numbers	Data Analysis Item Numbers	
Fine Motor Items		
1	1	Builds tower of 8 blocks
2	2	Imitates bridge
3	3	Picks longer line
4	4	Draws vertical line
5	5	Copies circle
6	6	Copies cross
7 (3)	-	Draws girl or boy - 3 parts
7 (6)	-	Draws girl or boy - 6 parts
-	7*	Draw a girl or boy in which 1 = failure 2 = pass on 7 (3) but not 7 (6) 3 = pass on 7 (6)
Language Items		
8	8	Uses plural
9	9	Comprehends hungry
9	10	Comprehends cold
9	11	Comprehends tired
10	12	Comprehends prepositions (on)
10	13	Comprehends prepositions (under)
10	14	Comprehends prepositions (behind)
10	15	Comprehends prepositions (in front)
11	16	Recognizes colors (red)
11	17	Recognizes colors (green)
11	18	Recognizes colors (yellow)
11	19	Recognizes colors (blue)
12	20	Opposite analogies (fire)
12	21	Opposite analogies (horse)
12	22	Opposite analogies (mother)
13	23	Composition of (door)
13	24	Composition of (spoon)
13	25	Composition of (shoe)
Gross Motor Items		
14-1	--	Balances on one foot 1 second
14-5	--	Balances on one foot 5 seconds
14-10	--	Balances on one foot 10 seconds

---

*Items 7 and 26 are continuous items employed to remove item dependencies between Items 7(3) and 7(6) and between Items 14-1, 5 and 10.

Table D-4

(continued)

Test Booklet Item Numbers	Data Analysis Item Number	
14-1, 5 & 10	26*	Score for balance item in which 1 = failure 2 = pass for 1 second 3 = pass for 5 seconds 4 = pass for 10 seconds
15	27	Jumps in place
16	28	Broad jump
17	29	Hops on one foot
18	30	Heel-to-toe walk
19	31	Backward heel-to-toe
20	32	Catches bounced ball
Personal-Social Items		
21	33	Plays interactive games
22	34	Separates from mother easily
23	35	Puts on clothing
24	36	Buttons up
25 + 26**	37	Dresses with supervision
27	38	Dresses without supervision

---

*Items 7 and 26 are continuous items employed to remove item dependencies between Items 7(3) and 7(6) and between Item 14-1, 5 and 10.

**One summary item represents Items 25 and 26.

Table D-5

DENVER DEVELOPMENTAL SCREENING TEST: PERCENT PASSING BY GROUP

	Group				
Item[1]	Two-Year Home Start *(N=98-106)*	One-Year Home Start *(N=70-71)*	Head Start *(N=58-59)*	New Home Start *(N=66-71)*	New Head Start *(N-59-60)*
Fine Motor					
1	95.3	94.4	100.0	91.5	98.3
2	97.2	95.8	98.3	87.3	96.7
3	75.5	83.1	84.7	67.6	71.7
4	98.1	95.8	98.3	90.1	100.0
5	88.3	91.5	94.9	81.2	84.7
6	92.2	81.7	96.6	72.5	86.7
7(3)	82.7	76.1	78.0	58.0	75.0
7(6)	55.8	43.7	35.6	23.2	45.0
Language					
8	56.7	64.8	62.7	43.3	70.0
9 hungry	87.5	87.3	89.8	86.4	93.3
9 cold	81.7	73.2	76.7	71.2	76.7
9 tired	92.3	81.4	91.4	83.3	90.0
10 on	98.1	97.2	98.3	100.0	93.3
10 under	98.1	94.4	100.0	89.4	90.0
10 behind	90.4	84.5	94.9	78.8	86.7
10 front	88.5	83.1	93.2	78.8	91.7
11 red	92.3	83.1	93.2	75.8	93.2
11 green	89.4	77.5	88.1	81.8	86.4
11 yellow	89.4	77.5	88.1	83.3	89.8
11 blue	88.5	80.3	88.1	87.9	86.4
12 fire	85.3	88.7	83.0	72.7	91.5
12 horse	84.5	81.7	84.7	66.7	93.2
12 mother	46.6	49.3	33.9	36.4	25.4
13 door	62.7	71.8	59.3	50.0	52.5
13 spoon	52.9	56.3	44.1	31.8	40.7
13 shoe	50.0	52.1	25.4	28.8	32.2
Gross Motor					
14(1)	99.0	98.6	98.3	92.4	93.3
14(5)	49.5	36.6	42.4	39.4	45.0
14(10)	24.3	18.3	22.0	10.6	8.3
15	96.1	88.7	100.0	93.4	95.0
16	86.4	71.8	93.2	78.1	81.7
17	93.2	87.3	91.5	82.8	95.0
18	58.8	53.5	44.1	19.0	32.3
19	40.0	21.7	18.6	11.1	13.6
20	74.5	53.6	69.0	57.1	52.5

[1] See key to items.

Table D-6

DENVER DEVELOPMENTAL SCREENING TEST: ITEM-SCALE CORRELATIONS BY GROUP

	Group				
	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Home Start
Fine Motor	*(N=103)*	*(N=71)*	*(N=59)*	*(N=69)*	*(N=59)*
1	18	29	00	19	00
2	15	40	36	46	02
3	31	33	43	23	31
4	00	-09	-13	54	00
5	33	38	13	63	15
6	45	68	25	65	38
7(6)	43	33	36	43	53
Language	*(N=101)*	*(N=70)*	*(N=58)*	*(N=66)*	*(N=59)*
8	15	47	19	13	23
9 hungry	33	54	44	33	33
9 cold	49	42	36	64	37
9 tired	44	54	44	50	36
10 on	-05	-05	-09	00	42
10 under	33	34	00	19	15
10 behind	06	46	32	42	33
10 front	29	54	40	49	55
11 red	44	61	38	48	37
11 green	26	66	39	44	41
11 yellow	32	71	39	46	33
11 blue	41	56	39	43	45
12 fire	25	39	49	55	24
12 horse	57	49	43	47	14
12 mother	40	14	18	36	06
13 door	59	72	28	61	58
13 spoon	52	53	44	51	55
13 shoe	43	44	19	37	52
Gross Motor	*(N=. 97)*	*(N=69)*	*(N=58)*	*(N=63)*	*(N=59)*
14	40	35	36	09	27
15	34	43	00	27	24
16	16	31	-11	10	40
17	23	28	10	36	38
18	45	57	39	14	22
19	43	32	41	26	12
20	25	41	26	35	05
PERSONAL-SOCIAL	*(N=106)*	*(N=71)*	*(N=59)*	*(N=71)*	*(N=60)*
21	-02	20	-10	12	-09
22	09	41	43	29	27
23	00	00	00	16	17
24	20	47	24	54	35
25 & 26	37	42	29	48	-10
27	31	32	33	48	17

Table D-7

DIETARY INTAKE BY FOOD SCORES AND PERCENTAGE OF RECOMMENDED FOOD SCORES

FOOD GROUP	Recommended Food Score	Two-Year Home Start (N=106)			One-Year Home Start (N=71)			Head Start (N=61)			New Home Start (N=72)			New Head Start (N=60)			TOTAL SAMPLE (N=370)		
		Mean	SD	% of Recom	Mean	SD	% of Recom	Mean	SD	% of Recom	Mean	SD	% of Recom	Mean	SD	% of Recom	Mean	SD	% of Recom
MILK	2.50	1.34	.83	53.6	1.36	.84	54.4	1.60	.94	64.0	1.39	.78	55.6	1.89	.67	75.6	1.49	.84	59.6
MEAT	1.40	1.27	.34	90.7	1.16	.45	82.8	1.21	.42	86.4	1.37	.09	97.8	1.29	.26	92.1	1.26	.34	90.0
EGGS	.60	.20	.28	33.3	.21	.28	35.0	.21	.28	35.0	.17	.27	28.3	.10	.22	16.7	.18	.24	30.0
VITAMIN A VEGETABLES	.60	.07	.20	11.6	.08	.20	13.3	.10	.21	16.7	.07	.20	11.7	.12	.23	20.0	.08	.20	13.3
CITRUS FRUITS	1.00	.27	.44	27.0	.28	.43	28.0	.49	.48	49.0	.34	.46	34.0	.65	.45	65.0	.38	.47	38.0
OTHER FRUITS & VEGETABLES	2.40	1.71	.90	71.2	1.70	.92	70.8	1.98	.80	82.5	1.59	.97	66.2	1.82	.85	75.8	1.75	.90	72.9
BREADS & CEREAL	4.00	3.60	.88	90.0	3.41	1.01	85.2	3.42	1.05	85.5	3.52	.94	88.0	3.49	.87	87.2	3.50	.94	87.5
TOTAL 263	12.50	8.47	2.07	67.8	8.20	2.10	65.6	9.02	2.56	72.2	8.45	2.07	67.6	9.36	1.76	74.9	8.65	2.14	69.2

Table D-8

KEY TO

SCHAEFER BEHAVIOR INVENTORY ITEMS

TASK ORIENTATION SUBTEST

1. Pays attention to what he's (she's) doing when other things are going on around him (her).

4. Stays with a job until he (she) finishes it.

7. Becomes very involved in what he (she) is doing.

10. Goes from one thing to another; quickly loses interest in things.

13. Watches carefully when an adult is showing how to do something.

EXTRAVERSION-INTROVERSION SUBTEST

2. Tries to be with another person or group of people.

5. Likes to take part in activities with others.

8. Enjoys being with others.

11. Watches others, but doesn't join in with them.

14. Does not wait for others to approach him (her), but makes the first friendly move.

HOSTILITY-TOLERANCE SUBTEST

3. Gets impatient or unpleasant if he (she) can't get what he (she) wants when he (she) wants it.

6. Slow to forgive when offended.

9. Stays angry for a long time after an argument.

12. Complains or whines if he (she) can't get his (her) own way.

15. Gets angry when he (she) has to wait his (her) turn or share with others.

Table D-9

SCHAEFER BEHAVIOR INVENTORY
PERCENT RESPONSES IN EACH SCORING CATEGORY BY GROUP

	N	1	2	3	4	5	6	7
TWO-YEAR HOME START								
1	*106*	00	05	12	31	09	36	07
2	*106*	00	05	02	05	08	46	34
3	*106*	04	10	32	19	17	09	08
4	*106*	04	03	10	24	14	36	08
5	*106*	01	01	01	05	07	41	44
6	*106*	24	23	15	10	05	17	06
7	*106*	01	01	07	14	10	38	28
8	*106*	00	00	01	02	02	22	74
9	*105*	29	37	09	09	06	07	04
10	*105*	05	07	09	16	32	19	11
11	*106*	00	07	05	12	09	32	34
12	*106*	06	11	34	10	16	10	12
13	*106*	01	01	10	23	14	35	16
14	*106*	03	09	12	14	08	36	17
15	*106*	04	28	27	10	14	07	08
ONE-YEAR HOME START								
1	*71*	00	04	11	30	07	41	07
2	*71*	00	03	04	07	07	44	35
3	*71*	03	06	20	24	20	18	10
4	*71*	04	07	10	34	08	28	08
5	*71*	00	01	01	07	07	38	45
6	*71*	10	31	20	13	04	15	07
7	*71*	00	03	04	25	20	37	11
8	*71*	00	00	01	01	06	31	61
9	*71*	17	45	10	11	06	06	06
10	*71*	07	13	17	15	28	17	03
11	*70*	03	10	06	10	20	36	16
12	*70*	06	07	23	24	06	20	14
13	*71*	00	04	08	28	07	39	13
14	*71*	03	04	20	21	07	24	21
15	*71*	03	27	20	20	10	14	07
HEAD START								
1	*59*	02	00	14	27	12	37	08
2	*59*	02	03	02	08	05	37	42
3	*59*	02	07	27	17	19	15	14
4	*59*	03	07	08	24	22	25	10
5	*59*	00	02	03	02	10	46	37
6	*59*	19	14	22	14	07	12	14
7	*59*	02	07	12	12	10	37	20
8	*59*	02	00	02	02	03	37	54
9	*59*	29	24	24	07	08	07	02
10	*59*	07	14	03	24	27	20	05
11	*59*	08	08	02	07	12	32	30
12	*59*	05	05	27	24	12	15	12
13	*59*	00	00	10	19	17	37	17
14	*59*	02	07	08	15	14	36	19
15	*59*	07	17	22	24	12	12	07

Continued:

Table D-9

SCHAEFER BEHAVIOR INVENTORY
PERCENT RESPONSES IN EACH SCORING CATEGORY BY GROUP
(continued)

	N	1	2	3	4	5	6	7
NEW HOME START								
1	72	01	01	14	29	14	33	07
2	72	01	00	07	12	12	46	21
3	72	00	10	25	15	15	25	10
4	72	04	14	14	28	12	17	11
5	71	00	00	07	07	06	35	45
6	71	17	27	18	20	08	07	03
7	72	00	00	11	25	19	28	17
8	72	00	00	04	06	04	28	58
9	71	30	35	14	08	04	07	01
10	71	04	11	18	20	25	17	04
11	71	03	07	03	06	28	30	24
12	71	03	13	31	10	11	25	07
13	72	00	01	15	24	14	33	12
14	72	03	15	14	15	14	31	08
15	72	11	21	25	18	08	15	01
NEW HEAD START								
1	60	02	07	23	32	10	22	05
2	60	00	02	07	02	10	53	27
3	60	02	10	18	20	20	18	12
4	60	07	08	15	33	13	23	00
5	60	00	00	03	07	08	45	37
6	60	13	38	28	05	05	07	03
7	60	00	03	12	07	18	45	15
8	60	00	00	07	20	00	38	53
9	60	28	42	22	02	00	03	03
10	60	03	07	13	22	25	27	03
11	60	02	00	13	12	10	42	22
12	60	05	10	20	18	22	10	15
13	60	00	03	13	22	12	43	07
14	60	05	05	13	17	10	27	23
15	60	02	38	27	10	10	08	05

Table D-10

SCHAEFER BEHAVIOR INVENTORY ITEM-SCALE CORRELATIONS BY GROUP

Item	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start
Task Orientation	*(N=106)*	*(N=71)*	*(N=59)*	*(N=72)*	*(N=60)*
1	56	44	45	32	30
4	56	67	59	39	23
7	44	61	53	58	22
13	64	63	47	53	35
Extraversion-Introversion	*(N=106)*	*(N=71)*	*(N=59)*	*(N=72)*	*(N=60)*
2	47	62	63	44	39
5	41	49	59	46	56
8	62	42	74	44	48
14	33	35	32	24	20
Hostility-Tolerance	*(N=106)*	*(N=71)*	*(N=59)*	*(N=72)*	*(N=60)*
3	49	63	52	56	51
6	29	51	18	32	26
9	54	61	30	42	34
12	66	73	56	48	51
15	63	62	52	62	46

Table D-11

KEY TO
PUPIL OBSERVATION CHECKLIST

Item										Scale
1	RESISTIVE	( )	( )	( )	( )	( )	( )	( )	COOPERATIVE	TO
2	SHY	( )	( )	( )	( )	( )	( )	( )	SOCIABLE	S
3	WITHDRAWN	( )	( )	( )	( )	( )	( )	( )	OUTGOING	S
4	INDIFFERENT	( )	( )	( )	( )	( )	( )	( )	INVOLVED	TO
5	DEFENSIVE	( )	( )	( )	( )	( )	( )	( )	AGREEABLE	TO
6	PASSIVE	( )	( )	( )	( )	( )	( )	( )	ACTIVE	S
7	GIVES UP	( )	( )	( )	( )	( )	( )	( )	KEEPS	TO
8	QUIET	( )	( )	( )	( )	( )	( )	( )	TALKATIVE	S
9	INATTENTIVE	( )	( )	( )	( )	( )	( )	( )	ATTENTIVE	TO
10[1]	CALM	( )	( )	( )	( )	( )	( )	( )	EXCITED	--

TO = Test Orientation

S = Sociability

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[1] Item 10 was completed by the testers, but was not analyzed for this report.

Table D-12

PUPIL OBSERVATION CHECKLIST
PERCENT RESPONSES IN EACH SCORING CATEGORY BY GROUP

	N	1	2	3	4	5	6	7
TWO-YEAR HOME START								
Cooperative	*105*	05	01	04	07	16	37	30
Sociable	*106*	06	07	17	10	13	28	19
Outgoing	*106*	03	03	07	25	12	30	19
Involved	*106*	03	04	07	04	17	40	25
Agreeable	*106*	01	05	04	08	11	45	25
Active	*106*	00	10	07	08	18	28	28
Keeps Trying	*106*	05	05	09	09	14	36	22
Talkative	*106*	06	20	15	12	18	19	10
Attentive	*106*	01	06	07	09	15	42	19
Calm	*106*	03	05	10	19	22	33	08
ONE-YEAR HOME START								
Cooperative	*70*	01	01	10	13	16	24	34
Sociable	*70*	10	06	11	13	13	23	24
Outgoing	*70*	06	06	06	26	11	20	26
Involved	*70*	01	04	03	16	17	27	31
Agreeable	*70*	01	01	09	14	16	27	31
Active	*70*	01	07	11	07	17	23	31
Keeps Trying	*70*	01	03	13	20	16	24	23
Talkative	*70*	14	11	07	21	20	10	16
Attentive	*70*	03	03	07	21	14	34	17
Calm	*70*	04	10	13	23	11	27	11
HEAD START								
Cooperative	*59*	03	03	03	05	14	37	34
Sociable	*59*	05	05	12	05	20	30	22
Outgoing	*58*	05	02	07	14	19	36	17
Involved	*59*	00	02	03	12	22	32	29
Agreeable	*59*	03	02	00	07	15	41	32
Active	*59*	05	05	03	12	29	25	20
Keeps Trying	*59*	03	03	08	05	19	32	29
Talkative	*59*	08	10	17	14	22	19	10
Attentive	*59*	05	02	10	14	12	32	25
Calm	*59*	03	10	08	15	24	25	14
NEW HOME START								
Cooperative	*72*	08	04	11	12	21	31	12
Sociable	*72*	08	10	24	08	15	22	12
Outgoing	*72*	07	08	18	15	19	26	06
Involved	*72*	04	08	08	11	25	25	18
Agreeable	*72*	04	03	07	22	21	29	14
Active	*72*	03	11	11	19	17	21	18
Keeps Trying	*71*	04	11	14	14	20	27	10
Talkative	*72*	12	21	17	15	17	11	07
Attentive	*72*	10	07	04	10	25	33	11
Calm	*72*	01	07	07	22	21	31	11

Continued:

Table D-12

PUPIL OBSERVATION CHECKLIST
PERCENT RESPONSES IN EACH SCORING CATEGORY BY GROUP
(continued)

	N	1	2	3	4	5	6	7
NEW HEAD START								
Cooperative	60	03	02	07	05	23	50	10
Sociable	60	02	05	17	12	17	37	12
Outgoing	60	03	03	03	25	35	25	05
Involved	60	03	02	05	10	33	32	15
Agreeable	60	02	00	05	08	30	35	20
Active	60	00	05	05	15	37	32	07
Keeps Trying	60	05	02	00	12	25	37	20
Talkative	60	08	08	27	13	20	15	08
Attentive	60	05	03	12	10	22	38	10
Calm	60	02	02	08	22	32	20	15

Table D-13

HIGH/SCOPE PUPIL OBSERVATION CHECKLIST: ITEM-SCALE CORRELATIONS BY GROUP

	Group				
Item	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Star
Test Orientation	*(N=105-106)*	*(N=70)*	*(N=59)*	*(N=72)*	*(N=60)*
Cooperative	89	80	87	87	71
Involved	91	86	83	87	90
Agreeable	78	82	83	85	82
Keeps Trying	80	70	75	86	87
Attentive	86	77	70	71	86
Sociability	*(N=129)*	*(N=91)*	*(N=59)*	*(N=72)*	*(N=60)*
Sociable	78	84	75	89	64
Outgoing	81	84	87	86	66
Active	65	63	44	71	60
Talkative	72	76	70	82	36

Table D-14

HIGH/SCOPE HOME ENVIRONMENT SCALE
ITEMS SCORED FOR EACH SCALE

HES #1 - Warm mother and child involvement

3. Mother and child talk about child's activities
4. Child helps with household tasks
6. Mother joins child's play activities
8. Mother talks with child about child's feelings
10. Mother plays make-believe games with child

HES #2 - Playthings

9b. Child can play with scissors
9c. Child can play with scotch tape, paste, or stapler
9d. Child can play with jigsaw puzzles
9f. Child can play with paint or magic markers
9g. Child can play with clay or play-dough
9h. Child can play with "put-together" toys

HES #3 - Mother teaches child

11d. Mother teaches child to write name
11e. Mother teaches child to remember address
11g. Mother teaches child to recognize numbers
11h. Mother teaches child to say the "ABC's"
11i. Mother teaches child to recognize letters
11j. Mother teaches child to read words

HES #4 - Child does household tasks

5a. Child helps mother clean and peel food
5b. Child helps mother mix and bake things
5c. Child helps mother stir foods
5d. Child helps mother find food on shelves in store
5e. Child helps mother take off dishes after meal
5f. Child helps mother by putting clean clothes in drawers

HES #5 - Books and time reads

1. Number of children's books at home
2. Someone reads stories to child

HES #6 - Television in home

7. Child watches television

Table D-15

HIGH/SCOPE HOME ENVIRONMENT SCALE

PERCENT RESPONSES IN EACH SCORING CATEGORY

I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE ACTIVITIES THAT ______________ (Child's Name) DOES FROM DAY TO DAY. SOME OF THE QUESTIONS ARE ABOUT THINGS HE (SHE) PLAYS WITH, AND SOME ARE ABOUT THINGS THAT YOU DO TOGETHER. THE QUESTIONS WILL HELP US TO UNDERSTAND MORE ABOUT WHAT CONDITIONS ARE BEST FOR A YOUNG CHILD AS HE (SHE) GROWS.

1. HOW MANY CHILDREN'S BOOKS ARE IN YOUR HOME THAT ______________ (Child's Name) CAN LOOK AT?

			2-yr	1-yr		New	New
			Hm S	Hm S	Hd S	Hm S	Hd S
Would you say:	42.1	**fifteen or more**	42.5	35.2	54.2	33.9	41.
or:	36.1	**several, but not fifteen**	29.2	39.4	33.9	43.1	38.
or:	21.7	**three or fewer**	28.3	25.4	11.9	18.1	20.

2. HOW OFTEN WOULD YOU SAY SOMEONE READS STORIES TO ______________ (Child's Name)?

			2-yr	1-yr		New	New
			Hm S	Hm S	Hd S	Hm S	Hd S
Would you say:	25.8	**almost every day**	25.5	32.4	32.2	22.2	16.
or:	35.6	**several times a week**	37.7	28.2	37.3	38.9	35.
or:	38.6	**not that often?**	36.8	39.4	30.5	38.9	48.

3. HOW OFTEN DO YOU AND ______________ (Child's Name) TALK ABOUT THE PICTURES HE (SHE) MAKES, WHAT HE (SHE) DOES DURING THE DAY, HIS (HER) FRIENDS, AND SO ON?

			2-yr	1-yr		New	N
			Hm S	Hm S	Hd S	Hm S	H
Would you say:	26.1	**for about a half-hour or more every day**	28.3	26.8	27.1	25.0	2
or:	42.1	**for a few minutes every day**	34.9	33.8	52.5	45.8	5
or:	31.8	**several times a week or less?**	36.8	39.4	20.3	29.2	2

4. HOW OFTEN DO YOU LET ______________ (Child's Name) HELP YOU WHILE YOU ARE COOKING, CLEANING THE HOUSE, WASHING DISHES, OR DOING OTHER HOUSEHOLD TASKS?

			2-yr	1-yr		New	New
			Hm S	Hm S	Hd S	Hm S	Hd
Would you say:	48.9	**almost every day**	56.6	59.2	40.7	45.8	35.
or:	21.7	**several times a week**	14.2	15.5	32.2	23.6	30.
or:	29.3	**not that often?**	29.2	25.4	27.1	30.6	35.

Continued:

Table D-15
(continued)

5. I'M GOING TO READ A LIST OF HOUSEHOLD TASKS THAT CHILDREN SOMETIMES HELP WITH. PLEASE TELL ME WHICH OF THEM ______________ HAS HELPED YOU WITH IN THE LAST MONTH.
(Child's Name)

Yes	No		2-yr Hm S	1-yr Hm S	Hd S	New Hm S	New Hd S
45.1	54.9	clean or peel food for a meal - - - - - - - - -	Y-50.9 N-49.9	42.3 57.7	44.1 55.9	41.7 58.3	43.3 56.7
37.2	62.8	mix or bake things, like cookies - - - - - - -	Y-41.5 N-58.5	29.6 70.4	44.1 55.9	33.3 66.7	36.7 63.3
37.5	62.5	stir things while they cook, like soup, pudding, jello -	Y-40.6 N-59.4	36.6 63.4	25.4 74.6	36.1 63.9	46.7 53.3
78.0	22.0	find food on shelves at the grocery store for you	Y-81.1 N-18.9	78.9 21.1	78.0 22.0	72.2 27.8	78.3 21.7
82.3	17.7	take off the dishes after meals - - - - - - - -	Y-83.0 N-17.0	83.1 16.9	78.0 22.0	83.3 16.7	83.3 16.7
81.8	18.2	put clean clothes into the right drawers or shelves - - -	Y-83.0 N-17.0	85.9 14.1	86.4 13.6	76.4 23.6	76.7 23.3

6. HOW OFTEN DO YOU JOIN IN THE PLAY ACTIVITIES THAT ______________ IS INVOLVED IN, SUCH AS PLAYING GAMES, DRAWING PICTURES, OR SINGING?
(Child's Name)

	2-yr Hm S	1-yr Hm S	Hd S	New Hm S	New Hd S
Would you say: 40.5 almost every day	43.4	53.5	32.2	45.8	21.7
or: 32.3 once a week or so	29.2	26.8	44.1	30.6	35.0
or: 27.2 not that often?	27.4	19.7	23.7	23.6	43.3

7. HOW MUCH TIME DOES ______________ WATCH TELEVISION?
(Child's Name)

	2-yr Hm S	1-yr Hm S	Hd S	New Hm S	New Hd S
Would you say: 46.5 about 2 hours a day or more	51.9	42.3	52.5	50.0	31.7
or: 33.7 every day but not for two hours	30.2	40.8	32.2	29.2	38.3
or: 19.8 several times a week or less?	17.9	16.9	15.3	20.8	30.0

8. HOW OFTEN DO YOU TALK WITH ______________ ABOUT HIS (HER) FEELINGS TOWARDS THINGS, SUCH AS HIS (HER) FEARS, PEOPLE OR THINGS HE (SHE) ESPECIALLY LIKES, OR PEOPLE OR THINGS HE (SHE) ESPECIALLY DOESN'T LIKE?
(Child's Name)

	2-yr Hm S	1-yr Hm S	Hd S	New Hm S	New Hd S
Would you say: 49.2 almost every day	51.9	43.7	57.6	48.6	43.3
or: 28.5 several times a week	29.2	32.4	30.5	27.8	21.7
or: 22.3 not that often?	18.9	23.9	11.9	23.6	35.0

Continued:

Table D-15

9. I AM GOING TO READ TO YOU A LIST OF THINGS CHILDREN CAN PLAY WITH. PLEASE TELL ME WHICH ONES ________ (Child's Name) HAS A CHANCE TO PLAY WITH AT HOME.

Check "yes" only if item is presently available in home.

	Yes	No	
a.	95.6	4.4	crayons and paper
b.	81.8	18.2	scissors
c.	73.4	26.6	scotch tape, paste, or stapler
d.	56.4	43.6	jigsaw puzzles
e.	83.4	16.6	old picture catalogs to read,and cut up, like Sears, Wards, or others
f.	58.1	41.9	paint or magic markers
g.	43.7	56.3	clay or playdough
h.	54.6	45.4	"put-together" toys like tinkertoys, Legos, pegboards, or beads for stringing
i.	52.3	47.7	hammer and nails with some wood scraps
j.	48.4	51.6	yarn, thread, and cloth scraps for knitting or sewing
k.	63.6	36.4	make believe toys out of milk cartons, tin cans, or egg cartons
l.	53.5	46.5	plants of his (her) own in a pot or garden

		Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start
a.	Yes	96.2	100.0	94.9	97.2	88.3
	No	3.8	0.0	5.1	2.8	11.7
b.	Yes	90.6	84.5	74.6	79.2	73.3
	No	9.4	15.5	25.4	20.8	26.7
c.	Yes	76.4	74.6	76.3	72.2	65.0
	No	23.6	25.4	23.7	27.8	35.0
d.	Yes	58.5	49.3	67.8	47.9	60.0
	No	41.5	50.7	32.2	52.1	40.0
e.	Yes	91.5	87.3	86.4	81.9	63.3
	No	8.5	12.7	13.6	18.1	36.7
f.	Yes	61.3	60.6	47.5	58.3	60.0
	No	38.7	39.4	52.5	41.7	40.0
g.	Yes	35.8	40.8	55.9	41.7	51.7
	No	64.2	59.2	44.1	58.3	48.3
h.	Yes	52.8	45.1	64.4	51.4	63.3
	No	47.2	54.9	35.6	48.6	36.7
i.	Yes	61.3	57.1	50.8	45.8	40.0
	No	38.7	42.9	49.2	54.2	60.0
j.	Yes	50.9	52.1	52.5	41.7	43.3
	No	49.1	47.9	47.5	58.3	56.7
k.	Yes	69.8	63.4	69.5	52.8	60.0
	No	30.2	36.6	30.5	47.2	40.0
l.	Yes	52.8	54.9	49.1	47.2	65.0
	No	47.2	45.1	50.9	52.8	35.0

10. HOW OFTEN DO YOU PLAY "HOUSE", "STORE", "DOCTOR", OR OTHER MAKE-BELIEVE GAMES WITH ________ (Child's Name)?

Would you say: 6.5 almost every day
or: 18.0 several times a week
or: 75.5 not that often?

	2-yr Hm S	1-yr Hm S	Hd S	New Hm S	New Hd S
almost every day	8.5	7.0	3.4	6.9	5.
several times a week	18.9	15.5	22.4	18.1	15.
not that often	72.6	77.5	74.1	75.0	80.

continued.

Table D-15
(continued)

11. NOW I'M GOING TO READ A LIST OF THINGS CHILDREN START TO LEARN AS THEY GROW TO BE SCHOOL AGE. PLEASE TELL ME WHICH OF THEM YOU HAVE TRIED TO TEACH ______ ______ IN THE PAST MONTH.
(Child's Name)

If reply is "already knows," probe for "in the past month." If someone other than focal parent taught child, score "no."

	Already Knows	Yes	No	
a.	8.4	82.9	17.1	nursery rhymes, prayers, or songs
b.	23.9	80.8	19.2	colors
c.	15.5	70.1	29.9	shapes, such as circles, squares, or triangles
d.	13.3	72.8	27.2	to write his (her) name
e.	12.0	68.4	31.6	to remember his (her) address and telephone number
f.	11.1	92.9	7.1	to count things
g.	3.8	71.3	28.7	to recognize numbers in books
h.	11.4	83.0	17.0	to say the "abc's"
i.	3.0	65.0	35.0	to recognize letters in books
j.	0.3	56.5	43.5	to read words on signs or in books
k.	7.6	75.8	24.2	ideas like "big-little", "up-down", "before-after", and so on

		Two-Year Home Start	One Year Home Start	Head Start	New Home Start	New Head Start
a.	Already Knows (no)	94.3	90.1	88.1	94.4	88.3
	(yes)	5.7	9.9	11.9	5.6	11.7
	Yes	85.8	84.1	82.1	84.7	75.0
	No	14.2	15.9	17.9	15.3	25.0
b.	Already Knows (no)	72.6	74.7	79.7	83.3	71.7
	(yes)	27.4	25.3	20.3	16.7	28.3
	Yes	81.1	81.7	80.4	87.3	71.7
	No	18.9	18.3	19.6	12.7	28.3
c.	Already Knows (no)	86.8	87.3	86.4	87.5	71.7
	(yes)	13.2	12.7	13.6	12.5	28.3
	Yes	77.4	75.7	63.8	76.1	50.0
	No	22.6	24.3	36.2	23.9	50.0
d.	Already Knows (no)	87.7	83.1	89.8	90.3	81.7
	(yes)	12.3	16.9	10.2	9.7	18.3
	Yes	77.4	75.4	69.0	70.4	68.3
	No	22.6	24.6	31.0	29.6	31.7
e.	Already Knows (no)	85.9	90.1	89.8	91.7	83.3
	(yes)	14.1	9.9	10.2	8.3	16.7
	Yes	69.8	61.4	66.1	66.7	78.3
	No	30.2	38.6	33.9	33.3	21.7
f.	Already Knows (no)	88.7	84.5	91.5	94.4	85.0
	(yes)	11.3	15.5	8.5	5.6	15.0
	Yes	93.4	97.1	91.4	94.4	86.4
	No	6.6	2.9	8.6	5.6	13.6
g.	Already Knows (no)	95.3	95.8	94.9	98.6	96.7
	(yes)	4.7	4.2	5.1	1.4	3.3
	Yes	77.4	68.1	67.8	69.4	70.0
	No	22.6	31.9	32.2	30.6	30.0

Continued:

Table D-15
(continued)

11. (continued)

		Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start
h. Already Knows	(no)	89.6	88.7	91.5	91.7	80.0
	(yes)	10.4	11.3	8.5	8.3	20.0
	Yes	83.0	87.0	83.0	78.9	83.0
	No	17.0	13.0	17.0	21.1	17.0
i. Already Knows	(no)	98.1	94.4	96.6	98.6	96.7
	(yes)	1.9	5.6	3.4	1.4	3.3
	Yes	68.9	62.3	69.5	58.3	65.0
	No	31.1	37.7	30.5	41.7	35.0
j. Already Knows	(no)	100.0	100.0	98.3	100.0	100.0
	(yes)	0.0	0.0	1.7	0.0	0.0
	Yes	60.4	50.7	61.0	52.8	56.7
	No	39.6	49.3	39.0	47.2	43.3
k. Already Knows	(no)	91.5	94.4	89.8	97.2	88.3
	(yes)	8.5	5.6	10.2	2.8	11.7
	Yes	82.1	81.4	66.1	83.3	58.3
	No	17.9	18.6	33.9	16.7	41.7

Table D-16

HIGH/SCOPE HOME ENVIRONMENT SCALE: ITEM-SCALE CORRELATIONS BY GROUP

Item[1]	Group				
	Two-Year Home Start *(N=106)*	One-Year Home Start *(N=69-71)*	Head Start *(N=58-59)*	New Home Start *(N=71-72)*	New Head Start *(N=59-60)*
Scale I: Mother Involvement					
3	28	28	29	41	36
4	35	40	30	35	53
6	56	42	39	60	60
8	27	35	31	40	57
10	31	35	37	29	17
Scale II: Playthings					
9b	30	36	17	34	30
9c	57	37	25	49	51
9d	40	32	43	42	38
9f	48	41	21	30	27
9g	41	37	26	24	45
9h	33	27	18	09	28
Scale III: Mother Teaches					
11d	33	22	38	56	36
11e	37	25	33	30	14
11g	47	62	42	35	53
11h	45	35	29	42	24
11i	55	54	62	39	57
11j	36	32	33	37	22
Scale IV: Household Tasks					
5a	47	38	27	35	38
5b	38	27	34	37	34
5c	33	53	11	30	40
5d	22	16	36	15	10
5e	06	05	00	09	04
5f	49	03	31	13	23
Scale V: Books					
1	42	36	20	34	39
2	42	36	20	34	39

[1] See key to items scored for each scale.

Table D-17

MOTHER BEHAVIOR OBSERVATION SCALE
ITEMS SCORED FOR EACH SCALE

HES - Observations: Supportive

1. Mother praised child during visits
3. Mother held child in lap during testing
6. Mother encouraged child during testing
8. Mother asked about child's progress during visits
10. Mother talked proudly about child

HES - Observations: Punitive

2. Mother scolded child during visits
4. Mother criticized child during testing
5. Mother coached child during testing
9. Mother threatened child during visits

Table D-18

MOTHER BEHAVIOR OBSERVATION SCALE: PERCENT RESPONSES IN EACH SCORING CATEGORY

(Item Ns range from 325 to 362)

Item	Group	Never Observed	Observed Once or Twice	Observed Three or More Times
1. Mother praised child	Two-year Home Start	34.0	51.9	14.2
	One-year Home Start	45.7	45.7	8.6
	Head Start	51.8	35.7	12.5
	New Home Start	39.4	49.3	11.3
	New Head Start	40.4	55.3	4.3
	TOTAL SAMPLE	41.1	48.0	10.9
2. Mother scolded child	Two-year Home Start	62.3	30.2	7.5
	One-year Home Start	60.0	34.3	5.7
	Head Start	70.7	24.1	5.2
	New Home Start	45.1	45.1	9.9
	New Head Start	72.3	25.5	2.1
	TOTAL SAMPLE	61.1	32.4	6.5
3. Mother held child in her lap.	Two-year Home Start	82.7	17.3	0.0
	One-year Home Start	78.3	21.7	0.0
	Head Start	70.7	22.4	6.9
	New Home Start	80.3	16.9	2.8
	New Head Start	83.7	16.3	0.0
	TOTAL SAMPLE	79.5	18.8	1.7
4. Mother interfered by negative comments	Two-year Home Start	85.1	11.9	3.0
	One-year Home Start	85.1	13.4	1.5
	Head Start	86.4	9.1	4.5
	New Home Start	83.8	11.8	4.4
	New Head Start	80.0	17.8	2.2
	TOTAL SAMPLE	84.3	12.6	3.1
5. Mother interfered by coaching or giving answers	Two-year Home Start	73.3	21.8	5.0
	One-year Home Start	82.1	16.4	1.5
	Head Start	71.1	22.2	6.7
	New Home Start	73.5	25.0	1.5
	New Head Start	69.6	21.7	8.7
	TOTAL SAMPLE	74.3	21.4	4.3
6. Mother made encouraging comments	Two-year Home Start	47.5	47.5	5.0
	One-year Home Start	67.2	29.9	3.0
	Head Start	56.5	34.8	8.7
	New Home Start	48.5	41.2	10.3
	New Head Start	53.2	44.7	2.1
	TOTAL SAMPLE	53.8	40.4	5.8

Continued:

Table D-18

MOTHER BEHAVIOR OBSERVATION SCALE: PERCENT RESPONSES IN EACH SCORING CATEGORY

(Item Ns range from 325 to 362)

(continued)

Item	Group	Never Observed	Observed Once or Twice	Observed Three or More Times
7. Examples of art work displayed in home	Two-year Home Start	78.8	20.2	1.0
	One-year Home Start	80.0	20.0	0.0
	Head Start	93.0	7.0	0.0
	New Home Start	76.1	21.1	2.8
	New Head Start	73.6	22.6	3.8
	TOTAL SAMPLE	79.5	19.1	1.5
8. Mother expressed interest in child's performance	Two-year Home Start	48.6	42.9	8.6
	One-year Home Start	62.9	28.6	8.6
	Head Start	57.6	35.6	6.8
	New Home Start	62.5	31.9	5.6
	New Head Start	43.6	52.7	3.6
	TOTAL SAMPLE	54.8	38.2	6.9
9. Mother threatened child with later punishment	Two-year Home Start	90.6	8.5	0.9
	One-year Home Start	88.6	8.6	2.9
	Head Start	94.9	5.1	0.0
	New Home Start	81.9	16.7	1.4
	New Head Start	90.6	9.4	0.0
	TOTAL SAMPLE	89.2	9.7	1.1
10. Mother talked proudly about child	Two-year Home Start	43.4	40.6	16.0
	One-year Home Start	61.4	27.1	11.4
	Head Start	55.9	30.5	13.6
	New Home Start	58.3	36.1	5.6
	New Head Start	32.7	61.8	5.5
	TOTAL SAMPLE	50.3	38.7	11.0

Table D-19

MOTHER BEHAVIOR OBSERVATION SCALE: ITEM-SCALE CORRELATIONS BY GROUP

Item[1]	Group Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start
Scale I: Supportive	*(N=104-106)*	*(N=67-70)*	*(N=46-59)*	*(N=68-72)*	*(N=47-55)*
1	59	67	49	52	43
3	22	29	04	05	-11
6	32	49	33	39	34
8	55	52	43	43	30
10	66	72	54	56	18
Scale II: Punitive	*(N=101-106)*	*(N=67-70)*	*(N=44-59)*	*(N=68-72)*	*(N=45-55)*
2	24	27	10	14	24
4	41	47	42	23	70
5	40	49	36	45	36
9	12	10	02	09	11

[1] See key to items.

Table D-20

PARENT INTERVIEW II--RESPONSE DISTRIBUTIONS FOR HOME START, HEAD START AND KINDERGARTEN FAMILIES

	Group					
	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start	TOTAL SAMPLE
• Location of family's residence:	(N=106)	(N=70)	(N=59)	(N=71)	(N=60)	(N=366)
On a farm or open country	46.2%	50.0%	30.5%	31.0%	3.3%	34.4%
In a small town or in a city	53.8	50.0	69.5	69.0	96.7	65.6
• This family is in:	(N=106)	(N=71)	(N=59)	(N=72)	(N=60)	(N=368)
Home Start	93.4%	88.7%	0 %	100.0%	0 %	63.6%
Head Start	0.9	0	100.0	0	100.0	32.6
Kindergarten	0	2.8	0	0	0	0.5
Kindergarten and Home Start	5.7	8.5	0	0	0	3.3
• Was the Home Visitor present during the interview?	(N=103)	(N=62)	(N=46)	(N=69)	(N=37)	(N=317)
No	49.5%	38.7%	95.7%	47.8%	100.0%	59.6%
Yes	50.5	61.3	4.3	52.2	0	40.4
• I'd like to ask you some questions about you and your family. Some of the questions are the same as the ones we asked you about six months ago. We'd like to ask you again to find out if we wrote down exactly what you told us and to see if anything has changed since we last spoke to you. The first questions are about your children.						

Continued:

Table D-20

PARENT INTERVIEW II--RESPONSE DISTRIBUTIONS FOR HOME START, HEAD START AND KINDERGARTEN FAMILIES (continued)

	Group					
	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start	TOTAL SAMPLE
1. I'd like to find out what shots ________ has had.						
Has he(she) had DPT shots?	(N=106)	(N=71)	(N=59)	(N=71)	(N=60)	(N=367)
Yes	96.2%	94.4%	100.0%	100.0%	98.3%	97.5%
No	3.8	4.2	0	0	0	1.9
Don't know	0	1.4	0	0	1.7	0.5
Has he (she) had Polio shots?	(N=106)	(N=71)	(N=59)	(N=71)	(N=60)	(N=367)
Yes	95.3%	95.8%	100.0%	95.8%	100.0%	97.0%
No	3.8	2.8	0	4.2	0	2.5
Don't know	0.9	1.4	0	0	0	0.5
Has he (she) had Measles shots?	(N=106)	(N=71)	(N=58)	(N=71)	(N=60)	(N=366)
Yes	90.6%	87.3%	100.0%	83.1%	100.0%	91.5%
No	8.5	9.9	0	15.5	0	7.4
Don't know	0.9	2.8	0	1.4	0	1.1
2. Are you ____________'s:	(N=106)	(N=71)	(N=59)	(N=72)	(N=60)	(N=368)
Mother?	91.5%	94.4%	94.9%	88.9%	96.7%	92.9%
Father?	2.8	1.4	3.4	0	3.3	2.2
Older Sister (or Brother)?	1.9	0	0	0	0	0.5
Grandmother, Aunt or other Relative?	3.8	4.2	1.7	9.7	0	4.1
Babysitter, Neighbor or Friend	0	0	0	1.4	0	0.3
3. When was the last time ____________ went to a doctor?	(N= 98)	(N=53)	(N=54)	(N=56)	(N=48)	(N=309)
Time in months	5.4	6.2	4.4	5.4	4.4	5.2

Continued.

Table D-20

PARENT INTERVIEW II--RESPONSE DISTRIBUTIONS FOR HOME START, HEAD START AND KINDERGARTEN FAMILIES (continued)

	Group					
	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start	TOTAL SAMPLE
4. Was this last visit for a check-up, or for something wrong?	*(N=104)*	*(N=69)*	*(N=58)*	*(N=66)*	*(N=60)*	*(N=357)*
Check-up	60.6%	47.8%	41.4%	54.5%	61.7%	54.1%
Something wrong	39.4	52.2	58.6	45.5	38.3	45.9
What was wrong?	*(N= 40)*	*(N=36)*	*(N=35)*	*(N=30)*	*(N=22)*	*(N=163)*
Measles, mumps, chicken pox	2.5%	0 %	2.9%	3.3%	0 %	1.8 %
Accidental injury	7.5	11.1	8.6	6.7	9.1	8.6
Infection	47.5	47.2	62.9	53.3	54.5	52.8
Other	42.5	41.7	25.7	36.7	36.4	36.8
5. How is this visit paid for?	*(N=104)*	*(N=69)*	*(N=58)*	*(N=65)*	*(N=59)*	*(N=355)*
Personal funds	22.1%	31.9%	32.8%	35.4%	15.3%	27.0%
Home Start or Head Start	44.2	31.9	37.9	21.5	16.9	32.1
Free clinic	6.7	8.7	6.9	7.7	28.8	11.0
ADC	0	0	0	1.5	3.4	0.8
Medicaid	11.5	14.5	17.2	9.2	13.6	13.0
Welfare	12.5	8.7	3.4	10.8	13.6	10.1
Insurance	1.9	1.4	0	6.2	8.5	3.4
EDC	1.0	2.9	1.7	7.7	0	2.5
6. When arranging for this visit to the doctor, or when making it, did you have help from anyone outside your family?	*(N=104)*	*(N=68)*	*(N=58)*	*(N=65)*	*(N=60)*	*(N=355)*
No	43.3%	60.3%	50.0%	66.2%	81.7%	58.3%
Yes	56.7	39.7	50.0	33.8	18.3	41.7
7. Who helped you?	*(N= 59)*	*(N=27)*	*(N=29)*	*(N=22)*	*(N=11)*	*(N=148)*
Home Start	86.4%	85.2%	0 %	81.8%	0 %	62.2%
Head Start staff	1.7	7.4	75.9	0	90.9	23.6
Other	11.9	7.4	24.1	18.2	9.1	14.2

Continued:

Table D-20

PARENT INTERVIEW II--RESPONSE DISTRIBUTIONS FOR HOME START, HEAD START AND KINDERGARTEN FAMILIES

(continued)

	Group					
	Two-year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start	TOTAL SAMPLE
(If you know the answer to 8, check but do not ask.)						
8. Is he (she) from Head Start or Home Start?	(N= 59)	(N=27)	(N=29)	(N=22)	(N-11)	(N=148)
No	11.9%	7.4%	13.8%	18.2%	0 %	11.5%
Yes	88.1	92.6	86.2	81.8	100.0	88.5
9. How did he (she) help?	(N= 59)	(N=27)	(N=29)	(N=21)	(N=11)	(N=147)
Made appointment	23.7%	22.2%	20.7%	28.6%	54.5%	25.9%
Transportation	22.0	14.8	27.6	4.8	18.2	19.0
Both of above	49.2	59.3	51.7	61.9	9.1	50.3
Gave name/phone no. of doctor	1.7	0	0	0	0	0.7
Other	3.4	3.7	0	4.8	18.2	4.1
10. When was the last time ____________ went to a dentist?	(N= 94)	(N=37)	(N=58)	(N=[illegible])	(N=51)	(N=280)
Time in months:	7.1	4.0	7.1	4.5	4.7	5.9
11. Was this last visit for a check-up or for something wrong?	(N=102)	(N=50)	(N=57)	(N=48)	(N=56)	(N=313)
Check-up	65.7%	56.0%	54.4%	77.1%	73.2%	65.2%
Something Wrong	34.3	44.0	45.6	22.9	26.8	34.8
What was wrong?	(N= 36)	(N=23)	(N=27)	(N=11)	(N=15)	(N=112)
Toothache or cavity	63.9%	69.6%	74.1%	81.8%	73.3%	70.5%
Gum disease	0	0	0	0	0	0
Accidental injury	0	0	0	0	0	0
Other	36.1	30.4	25.9	18.2	26.7	29.5

Continued:

Table D-20

PARENT INTERVIEW II--RESPONSE DISTRIBUTIONS FOR HOME START, HEAD START AND KINDERGARTEN FAMILIES (continued)

	Group					
	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start	TOTAL SAMPLE
12. How is it being paid for?	*(N=102)*	*(N=50)*	*(N=58)*	*(N=46)*	*(N=55)*	*(N=311)*
Personal funds	3.9%	2.0%	8.6%	13.0%	14.5%	7.7%
Home Start or Head Start	76.5	62.0	82.8	50.0	36.4	64.3
Free clinic	2.0	6.0	1.7	8.7	12.7	5.5
ADC	0	0	0	0	5.5	1.0
Medicaid	8.8	14.0	5.2	10.9	10.9	9.6
Welfare	7.8	12.0	1.7	10.9	14.5	9.0
Insurance	1.0	0	0	0	5.5	1.3
EDC	0	4.0	0	6.5	0	1.6
13. When arranging for this visit, or when making it, did you have help from anyone outside your family?	*(N=102)*	*(N=49)*	*(N=58)*	*(N=47)*	*(N=56)*	*(N=312)*
No	12.8%	22.5%	15.6%	23.4%	64.3%	25.6%
Yes	87.2	77.5	84.4	76.6	35.7	74.4
14. Who helped you?	*(N= 89)*	*(N=38)*	*(N=49)*	*(N=36)*	*(N=20)*	*(N=232)*
Home Start	93.3%	89.5%	0 %	91.7%	0 %	64.7%
Head Start staff	2.2	5.3	93.9	0	95.0	29.7
Other	4.5	5.3	6.1	8.3	5.0	5.6
(If you know the answer to 15, check but do not ask.)						
15. Is he (she) from Head Start or Home Start?	*(N= 89)*	*(N=38)*	*(N=49)*	*(N=36)*	*(N=20)*	*(N=232)*
No	4.5%	5.3%	100.0%	8.3%	5.0%	4.3%
Yes	95.5	94.7	0	91.7	95.0	95.7

Continued:

Table D-20

PARENT INTERVIEW II--RESPONSE DISTRIBUTIONS FOR HOME START, HEAD START AND KINDERGARTEN FAMILIES (continued)

	Group					
	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start	TOTAL SAMPLE
16. How did he (she) help?	(N= 89)	(N=38)	(N=49)	(N=34)	(N=20)	(N=230)
Made appointment	28.1%	15.8%	6.1%	23.5%	65.0%	23.9%
Transportation	12.4	15.8	20.4	20.6	15.0	16.1
Both of above	55.1	65.8	73.5	55.9	15.0	57.4
Gave name/phone no. of doctor	2.2	2.6	0	0	0	1.3
Other	2.2	0	0	0	5.0	1.3
17. How many children do you have altogether?	(N=106)	(N=71)	(N=59)	(N=72)	(N=60)	(N=368)
Total children	4.3	4.0	4.0	3.7	3.3	3.9
18. Is ____________ your first child, third, or which?	(N=106)	(N=71)	(N=59)	(N=71)	(N=60)	(N=367)
Child number	3.4	3.2	3.5	2.9	2.6	3.2
19. How many children are living with ________ at home?						
Total siblings	3.2	3.0	3.4	2.7	3.0	3.1
Brothers	2.0	2.0	2.2	1.9	1.9	2.0
Sisters	2.1	1.9	2.2	1.6	2.0	2.0
20. I'd like to know their ages.						
0-2 years	1.1	1.1	1.3	1.2	1.1	1.2
3-5 years	1.2	1.2	1.0	1.1	1.3	1.2
6-12 years	1.8	1.8	2.4	2.0	1.8	1.9
13+ years	2.3	2.0	2.2	1.8	2.8	2.2
21. Do you have a paying job?	(N=106)	(N=71)	(N=59)	(N=72)	(N=60)	(N=368)
No	77.4%	78.9%	55.9%	76.4%	80.0%	74.5%
Yes	22.6	21.1	44.1	23.6	20.0	25.5

Continued:

Table D-20

PARENT INTERVIEW II--RESPONSE DISTRIBUTIONS FOR HOME START, HEAD START AND KINDERGARTEN FAMILIES
(continued)

	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start	TOTAL SAMPLE
22. Is is full-time, regular part-time, or occasional part-time?	(N= 24)	(N=15)	(N=27)	(N=17)	(N=12)	(N= 95)
Full-time	75.0%	60.0%	96.3%	64.7%	83.3%	77.9%
Regular part-time	16.7	13.3	3.7	23.5	16.7	13.7
Occasional part-time	8.3	26.7	0	11.8	0	8.4
23. What kind of work do you do?						
(See text for information on occupations.).						
24. What is the highest grade you completed in school?	(N=106)	(N=71)	(N=59)	(N=72)	(N=60)	(N=368)
Grade: 1	0 %	1.4%	0 %	0 %	0 %	0.3%
2	0	0	0	1.4	0	0.3
3	1.9	0	1.7	0	0	0.8
4	1.9	1.4	3.4	1.4	0	1.6
5	0.9	1.4	0	2.8	3.3	1.6
6	5.7	4.2	3.4	2.8	0	3.5
7	6.6	2.8	3.4	2.8	0	3.5
8	13.2	18.3	6.8	11.1	1.7	10.9
High School: 9	14.2	16.9	5.1	11.1	8.3	11.7
10	12.3	12.7	16.9	12.5	8.3	12.5
11	14.2	11.3	8.5	15.3	23.3	14.4
12	26.4	28.2	35.6	36.1	43.3	32.9
College 13	1.9	1.4	6.8	0	8.3	3.3
14	0.9	0	1.7	1.4	3.3	1.4
15	0	0	0	1.4	0	0.3
16	0	0	6.3	0	0	1.1
25. Does anyone (else) in your family currently earn an income that is used to support the family?	(N=106)	(N=70)	(N=59)	(N=72)	(N=60)	(N=367)
No	49.1%	41.4%	67.8%	50.0%	51.7%	51.2%
Yes	50.9	58.6	32.2	50.0	48.3	48.8

Table D-20

PARENT INTERVIEW II--RESPONSE DISTRIBUTIONS FOR HOME START, HEAD START AND KINDERGARTEN FAMILIES
(continued)

	Group					
	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start	TOTAL SAMPLE
26. Who?	(N= 54)	(N=42)	(N=19)	(N=36)	(N=29)	(N=180)
Mother	1.9%	2.4%	0 %	0 %	6.9%	2.2%
Father	88.9	88.1	84.2	97.2	82.8	88.9
Older sibling	1.9	2.4	0	0	0	1.1
Grandparents/Other Relatives	7.4	2.4	15.8	2.8	6.9	6.1
Babysitter/Friend/Neighbor	0	2.4	0	0	3.4	1.1
Wife and Husband	0	2.4	0	0	0	0.6
Who contributes the most?	(N= 3)	(N= 2)	(N= 4)	(N= 1)	(N= 0)	(N= 10)
Mother	33.3%	100.0%	25.0%	100.0%	0 %	50.0%
Father/Husband	0	0	75.0	0	0	30.0
Relatives	66.7	0	0	0	0	20.0
27. Is his (her) job full-time, regular part-time or occasional part-time?	(N= 53)	(N=41)	(N=19)	(N=36)	(N=28)	(N=177)
Full-time	73.6%	92.7%	89.5%	86.1%	96.4%	85.9%
Regular part-time	13.2	2.4	0	2.8	3.6	5.6
Occasional part-time	13.2	4.9	10.5	11.1	0	8.5
28. What kind of work does he (she) do? (See text for occupational information.)						

Continued:

Table D-20

PARENT INTERVIEW II--RESPONSE DISTRIBUTIONS FOR HOME START, HEAD START AND KINDERGARTEN FAMILIES (continued)

	Group					
	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start	TOTAL SAMPLE
29. What is the highest grade he (she) has completed in school?	(N= 53)	(N=42)	(N=16)	(N=35)	(N=28)	(N=174)
Grade: 3	5.7%	2.4%	0 %	2.9%	3.6%	3.4%
4	0	0	0	2.9	0	0.6
5	3.8	2.4	12.5	5.7	3.6	4.6
6	5.7	11.9	0	5.7	7.1	6.9
7	5.7	0	0	3.6	0	3.4
8	15.1	21.4	0	8.6	3.6	12.1
High School: 9	17.0	11.9	6.3	11.4	7.1	12.1
10	13.2	9.5	6.3	17.1	7.1	11.5
11	3.8	7.1	18.8	8.6	14.3	8.6
12	24.5	23.8	43.8	22.9	42.9	28.7
College: 13	0	9.5	6.3	2.9	3.6	4.0
14	1.9	0	6.3	0	0	1.1
15	0	0	0	2.9	3.6	1.1
16	3.8	0	0	0	3.6	1.7
30. Do you live:	(N= 23)	(N=16)	(N=58)	(N=12)	(N=58)	(N=167)
On a farm or open country?	52.2%	62.5%	27.6%	25.0%	3.4%	25.7%
In a small town or in a city?	47.8	37.5	72.4	75.0	96.6	74.3
31. Now I'm going to read a list of community groups and organizations. Tell me if you or anyone else in your family is now active in any of them.						
Parent-Teacher Association?	(N=101)	(N=66)	(N=59)	(N=66)	(N=59)	(N=351)
No	77.2%	84.8%	61.0%	81.8%	89.8%	78.9%
Yes	22.8	15.2	39.0	18.2	10.2	21.1
Boy Scouts, Girl Scouts, 4-H Club or other youth groups?	(N=101)	(N=66)	(N=59)	(N=66)	(N=59)	(N=351)
No	82.2%	87.9%	78.0%	81.8%	91.5%	84.0%
Yes	17.8	12.1	22.0	18.2	8.5	16.0

Table D-20

PARENT INTERVIEW II--RESPONSE DISTRIBUTIONS FOR HOME START, HEAD START AND KINDERGARTEN FAMILIES

(continued)

	Group					
	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start	TOTAL SAMPLE
31. Continued:						
Church organizations or social clubs?	(N=101)	(N=66)	(N=59)	(N=66)	(N=59)	(N=351)
No	62.4%	60.6%	44.1%	69.7%	78.0%	63.0%
Yes	37.6	39.4	55.9	30.3	22.0	37.0
Any political organization?	(N=101)	(N=66)	(N=59)	(N=66)	(N=59)	(N=351)
No	95.0%	100.0%	96.6%	97.0%	100.0%	97.4%
Yes	5.0	0	3.4	3.0	0	2.6
Other?	(N=100)	(N=64)	(N=58)	(N=65)	(N=57)	(N=344)
No	93.0%	95.3%	86.2%	89.2%	93.0%	91.6%
Yes	7.0	4.7	13.8	10.8	7.0	8.4
32. Are you taking any courses or going to school?	(N=101)	(N=68)	(N=59)	(N=66)	(N=60)	(N=354)
No	95.0%	92.6%	94.9%	95.5%	86.7%	93.2%
Yes	5.0	7.4	5.1	4.5	13.3	6.8
33. What level of education?	(N= 5)	(N= 5)	(N= 3)	(N= 3)	(N= 8)	(N= 24)
Adult Education?	40.0%	60.0%	33.3%	100.0%	50.0%	54.2%
High School?	20.0	20.0	0	0	12.5	12.5
College courses?	40.0	20.0	66.7	0	37.5	33.3

Continued:

Table D-20

PARENT INTERVIEW II--RESPONSE DISTRIBUTIONS FOR HOME START, HEAD START AND KINDERGARTEN FAMILIES (continued)

	Group					
	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start	TOTAL SAMPLE
34. Now I'm going to read a list of places and services. Please tell me if you are using the service now. Also, I'd like to know if anyone in Head Start or Home Start helped you use it.						
Local Hospital?	(N= 98)	(N=69)	(N=56)	(N=67)	(N=60)	(N=350)
Now using it/Home Start or Head Start did assist	11.2%	4.3%	10.7%	1.5%	0 %	6.0%
Now using it/Home Start or Head Start did not assist	73.5	89.9	82.1	77.6	61.7	76.9
Not using it	15.3	5.8	7.1	20.9	38.3	17.1
Food Stamps?	(N=106)	(N=71)	(N=58)	(N=71)	(N=60)	(N=366)
Now using it/Home Start or Head Start did assist	10.4%	12.7%	6.9%	5.6%	0 %	7.7%
Now using it/Home Start or Head Start did not assist	43.4	46.5	41.4	50.7	55.0	47.0
Not using it	46.2	40.8	51.7	43.7	45.0	45.4
Medicaid?	(N=106)	(N=71)	(N=59)	(N=72)	(N=60)	(N=368)
Now using it/Home Start or Head Start did assist	8.5%	5.6%	8.5%	4.2%	0 %	5.7%
Now using it/Home Start or Head Start did not assist	30.2	25.4	32.2	37.5	61.7	36.1
Not using it	61.3	69.0	59.3	58.3	38.3	58.2

Continued:

Table D-20

PARENT INTERVIEW II--RESPONSE DISTRIBUTIONS
FOR HOME START, HEAD START AND KINDERGARTEN FAMILIES
(continued)

	Group					
	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start	TOTAL SAMPLE
34. Continued:						
Public Health Clinic?	(N=105)	(N=70)	(N=59)	(N=71)	(N=60)	(N=365)
Now using it/Home Start or Head Start did assist	29.5%	21.4%	27.1%	22.5%	8.3%	22.7%
Now using it/Home Start or Head Start did not assist	47.6	55.7	52.5	54.9	55.0	52.6
Not using it	22.9	22.9	20.3	22.5	36.7	24.7
Mental Health Clinic?	(N=106)	(N=71)	(N=59)	(N=71)	(N=60)	(N=367)
Now using it/Home Start or Head Start did assist	2.8%	1.4%	0 %	4.2%	0 %	1.9%
Now using it/Home Start or Head Start did not assist	0.9	1.4	0	0	8.3	1.9
Not using it	96.2	97.2	100.0	95.8	91.7	96.2
Family Counseling Agencies?	(N=106)	(N=71)	(N=59)	(N=72)	(N=60)	(N=368)
Now using it/Home Start or Head Start did assist	0 %	0 %	0 %	1.4%	1.7%	0.5%
Now using it/Home Start or Head Start did not assist	1.9	2.8	3.4	0	5.0	2.4
Not using it	98.1	97.2	96.6	98.6	93.3	97.0
Planned Parenthood	(N=104)	(N=71)	(N=59)	(N=71)	(N=60)	(N=365)
Now using it/Home Start or Head Start did assist	10.6%	8.5%	8.5%	1.4%	0 %	6.3%
Now using it/Home Start or Head Start did not assist	18.3	14.1	13.6	22.5	20.0	17.8
Not using it	71.2	77.5	78.0	76.1	80.0	75.9

Continued:

Table D-20

PARENT INTERVIEW II--RESPONSE DISTRIBUTIONS FOR HOME START, HEAD START AND KINDERGARTEN FAMILIES (continued)

	Group					
	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start	TOTAL SAMPLE
34. Continued:						
Welfare Department?	(N=105)	(N=71)	(N=59)	(N=72)	(N=59)	(N=366)
Now using it/Home Start or Head Start did assist	10.5%	4.2%	8.5%	2.8%	0 %	5.7%
Now using it/Home Start or Head Start did not assist	28.6	22.5	27.1	33.3	64.4	33.9
Not using it	61.0	73.2	64.4	63.9	35.6	60.4
Day Care or Child Care Program	(N=102)	(N=71)	(N=59)	(N=71)	(N=60)	(N=363)
Now using it/Home Start or Head Start did assist	0 %	0 %	49.2%	2.8%	28.3%	13.2%
Now using it/Home Start or Head Start did not assist	2.0	4.2	20.3	1.4	30.0	9.9
Not using it	98.0	95.8	30.5	95.8	41.7	76.9
Recreational Programs?*	(N=106)	(N=71)	(N=59)	(N=72)	(N=59)	(N=367)
Now using it/Home Start or Head Start did assist	9.4%	7.0%	5.1%	6.9%	1.7%	6.5%
Now using it/Home Start or Head Start did not assist	5.7	2.8	10.2	8.3	13.6	7.6
Not using it	84.9	90.1	84.7	84.7	84.7	85.8
Legal Aid?	(N=106)	(N=71)	(N=59)	(N=71)	(N=59)	(N=366)
Now using it/Home Start or Head Start did assist	0.9%	0 %	1.7%	0 %	0 %	0.5%
Now using it/Home Start or Head Start did not assist	1.9	1.4	3.4	5.6	3.4	3.0
Not using it	97.2	98.6	94.9	94.4	96.6	96.4

*Planned program activities rather than simply the use of recreational facilities like parks.

Table D-20

PARENT INTERVIEW II--RESPONSE DISTRIBUTIONS FOR HOME START, HEAD START AND KINDERGARTEN FAMILIES (continued)

	Group					
	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start	TOTAL SAMPLE
34. Continued:						
Housing Authority?	(N=106)	(N=71)	(N=59)	(N=72)	(N=60)	(N=368)
Now using it/Home Start or Head Start did assist	2.8%	0 %	1.7%	1.4%	0 %	1.4%
Now using it/Home Start or Head Start did not assist	13.2	8.5	11.9	15.3	30.0	15.2
Not using it	84.0	91.5	86.4	83.3	70.0	83.4
State Employment Office?	(N=106)	(N=71)	(N=58)	(N=72)	(N=60)	(N=367)
Now using it/Home Start or Head Start did assist	3.8%	2.8%	3.4%	1.4%	0 %	2.5%
Now using it/Home Start or Head Start did not assist	12.3	9.9	20.7	13.9	10.0	13.1
Not using it	84.0	87.3	75.9	84.7	90.0	84.5
Job Training Programs?	(N=106)	(N=71)	(N=59)	(N=72)	(N=60)	(N=368)
Now using it/Home Start or Head Start did assist	2.8%	0 %	1.7%	1.4%	0 %	1.4%
Now using it/Home Start or Head Start did not assist	2.8	1.4	5.1	1.4	6.7	3.3
Not using it	94.3	98.6	93.2	97.2	93.3	95.4
35. Are there other services you are now using which I haven't mentioned?	(N=105)	(N=71)	(N=59)	(N=72)	(N=60)	(N=367)
No	86.7%	94.4%	93.2%	90.3%	95.0%	91.3%
Yes	13.3	5.6	6.8	9.7	5.0	8.7

Continued:

Table D-20

PARENT INTERVIEW II--RESPONSE DISTRIBUTIONS FOR HOME START, HEAD START AND KINDERGARTEN FAMILIES
(continued)

	Group					
	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start	TOTAL SAMPLE
37. How much time have you spent in the last two weeks visiting or working in the Head Start Center?	*(N=106)*	*(N=71)*	*(N=59)*	*(N=72)*	*(N=60)*	*(N=368)*
Time in minutes:	0	0	88.5	0	155.9	39.6
38. Has any Head Start staff member spent any time in your home during the last month?	*(N= 0)*	*(N= 0)*	*(N=55)*	*(N= 0)*	*(N=58)*	*(N=113)*
No	0 %	0 %	69.1%	0 %	69.0%	69.0%
Yes	0	0	30.9	0	31.0	31.0
39. How much time did he (she) spend in your home during the last month?	*(N=106)*	*(N=71)*	*(N=59)*	*(N=72)*	*(N=60)*	*(N=368)*
Time in minutes:	0	0	27.7	0	18.0	7.4
40. How much time does ____________ spend in the Head Start Center each day?	*(N=106)*	*(N=71)*	*(N=59)*	*(N=72)*	*(N=60)*	*(N=368)*
Time in hours:	0	0	7.3	0	3.3	1.7
41. How many days a week does ____________ spend in the Center?	*(N=106)*	*(N=71)*	*(N=59)*	*(N=72)*	*(N=60)*	*(N=368)*
Time in days:	0	0	4.7	0	4.4	1.5
42. Have you heard of a group called the Parent Policy Council or Committee? It may also be called a Parent Policy Board, Parent Advisory Committee, PAC or PC.	*(N=106)*	*(N=68)*	*(N=58)*	*(N=72)*	*(N=60)*	*(N=364)*
No	34.9%	54.4%	31.0%	45.8%	33.3 %	39.8%
Yes	65.1	45.6	69.0	54.2	66.7	60.2

Continued:

Table D-20

PARENT INTERVIEW II--RESPONSE DISTRIBUTIONS FOR HOME START, HEAD START AND KINDERGARTEN FAMILIES (continued)

	Group					
	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start	TOTAL SAMPLE
43. Have you been to one of their meetings since September?	*(N= 69)*	*(N=31)*	*(N=39)*	*(N=39)*	*(N=40)*	*(N=218)*
No	63.8%	74.2%	66.7%	61.5%	50.0%	62.8%
Yes	36.2	25.8	33.3	38.5	50.0	37.2
44. What kind of things were discussed at this meeting?	*(N= 25)*	*(N= 8)*	*(N=13)*	*(N=15)*	*(N=20)*	*(N= 81)*
Nonspecific comments	4.0%	0 %	0 %	0 %	0 %	1.2%
Educational activities	0	0	0	20.0	0	3.7
Policies of program	8.0	12.5	15.4	0	10.0	8.6
Health	8.0	12.5	7.7	6.7	5.0	7.4
Child rearing	4.0	12.5	0	6.7	15.0	7.4
Planning group activities	24.0	25.0	30.8	20.0	50.0	30.9
Use of community resources	0	0	0	6.7	0	1.2
Other	52.0	37.5	46.2	33.3	15.0	37.0
Policies of program/planning group activities	0	0	0	6.7	5.0	2.5
45. Are there things you think should be brought up at this meeting that have not been discussed?	*(N= 25)*	*(N= 8)*	*(N=13)*	*(N=14)*	*(N=21)*	*(N= 81)*
No	96.0%	75.0%	92.3%	92.9%	90.5%	91.4%
Yes	4.0	25.0	7.7	7.1	9.5	8.6
46. What?	*(N= 1)*	*(N= 2)*	*(N= 1)*	*(N= 1)*	*(N= 2)*	*(N= 7)*
Transportation problems	0 %	0 %	0 %	0 %	50.0%	14.3%
Money for babysitting	0	0	0	0	50.0	14.3
Other	100.0	100.0	100.0	100.0	0	71.4

Continued:

Table D-20

PARENT INTERVIEW II--RESPONSE DISTRIBUTIONS FOR HOME START, HEAD START AND KINDERGARTEN FAMILIES (continued)

	Group					
	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start	TOTAL SAMPLE
47. What are some of the things that ______ especially likes about [Home Start]/[Head Start]?	*(N=106)*	*(N=68)*	*(N=58)*	*(N=71)*	*(N=60)*	*(N=363)*
Nonspecific positive comment	16.0%	29.4%	34.5%	15.5%	13.3%	20.9%
Educational materials	5.7	13.2	1.7	7.0	8.3	7.2
Education (general learning)	2.8	4.4	5.2	8.5	3.3	4.7
Educational, general and likes Home Visitor/teacher	1.9	2.9	1.7	2.8	0	1.9
Educational and plays with other kids	3.8	2.9	6.9	2.8	6.7	4.4
Educational materials and likes Home Visitor/teacher	15.1	8.8	3.4	8.5	1.7	8.5
Likes Home Visitor/teacher	11.3	11.8	1.7	22.5	6.7	11.3
Likes Home Visitor/teacher and enjoys Center	3.8	1.5	0	0	3.3	1.9
Plays with other kids	2.8	4.4	15.5	4.2	23.3	8.8
Enjoys Center	5.7	1.5	1.7	0	3.3	2.8
Social activities	1.9	7.4	5.2	2.8	5.0	4.1
Social and educational activities	3.8	1.5	1.7	1.4	6.7	3.0
Enjoys Center and field trips	0	1.5	0	2.8	3.3	1.4
Group meetings	0	1.5	0	4.2	0	1.1
Field trips	6.6	1.5	5.2	5.6	3.3	4.7
Other	0	0	0	1.4	0	0.3
Home Visitor/teacher and field trips	9.4	2.9	1.7	8.5	0	5.2
Home Visitor/teacher and playing with children	2.8	0	6.9	0	5.0	2.8
Field trips and educational activities	6.6	2.9	6.9	1.4	1.7	4.1
Eating at Center	0	0	0	0	3.3	0.6
Eating at Center and educational activities	0	0	0	0	1.7	0.3

Continued:

Table D-20

PARENT INTERVIEW II--RESPONSE DISTRIBUTIONS FOR HOME START, HEAD START AND KINDERGARTEN FAMILIES (continued)

	Group					
	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start	TOTAL SAMPLE
48. What things doesn't he (she) like about [Home Start]/[Head Start]?	*(N=106)*	*(N=68)*	*(N=58)*	*(N=71)*	*(N=60)*	*(N=363)*
Nonspecific negative comment	0 %	1.5%	0 %	0 %	0 %	0.3%
Educational activities/play	2.8	4.4	0	1.4	0	1.9
Nutritional activities	2.8	1.5	1.7	1.4	8.3	3.0
Positive comment	81.1	85.3	67.2	87.3	73.3	79.6
Sit still	3.8	2.9	1.7	2.8	0	2.5
Other	7.5	4.4	12.1	7.0	15.0	8.8
Teacher	1.9	0	1.7	0	1.7	1.1
Naps	0	0	15.5	0	1.7	2.8
49. What other things do you think the program should do for ____________?	*(N=106)*	*(N=68)*	*(N=58)*	*(N=70)*	*(N=60)*	*(N=362)*
Nonspecific positive comment	74.5%	83.8%	82.8%	67.1%	68.3%	75.1%
School readiness	3.3	1.5	5.2	8.6	15.0	6.4
School adjustment	0.9	0	0	0	3.3	0.8
More field trips	0.9	0	0	2.9	1.7	1.1
Social adjustment	4.7	0	1.7	2.9	3.3	2.8
Uninterpretable	6.6	10.3	10.3	11.4	3.3	8.3
Home visit longer	2.8	0	0	0	0	0.8
Other	5.7	4.4	0	7.1	5.0	4.7

Continued:

Table D-20

PARENT INTERVIEW II--RESPONSE DISTRIBUTIONS FOR HOME START, HEAD START AND KINDERGARTEN FAMILIES (continued)

	Group					
	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start	TOTAL SAMPLE
50. What are some of the things that you're getting out of the program?	(N=106)	(N=68)	(N=58)	(N=70)	(N=60)	(N=362)
Nonspecific positive comment	19.8%	41.2%	6.9%	22.9%	23.3%	22.9%
Educational activities	5.7	2.9	0	2.9	1.7	3.0
Socializing with Home Visitor	3.8	1.5	1.7	1.4	0	1.9
Field trips	0.9	1.5	0	1.4	3.3	1.4
Group meetings	18.9	2.9	13.8	7.1	18.3	12.7
Nutrition help	0.9	0	0	1.4	0	0.6
Health/medical help	7.5	5.9	3.4	1.4	0	4.1
Arts and crafts	0.9	2.9	0	1.4	10.0	2.8
Negative comment	0.9	1.5	6.9	4.3	10.0	4.1
Other	12.3	11.8	20.7	15.7	11.7	14.1
Improved parent teaching	25.5	23.5	10.3	34.3	16.7	22.9
Allows mother to work/rest	2.8	4.4	36.2	5.7	5.0	9.4
51. What are some of the other things you think the program should do for you?	(N=106)	(N=68)	(N=58)	(N=70)	(N=60)	(N=362)
Nonspecific positive comment	86.8%	82.4%	82.8%	71.4%	76.7%	80.7%
Educational	0	0	0	1.4	0	0.3
Personal-social gains	0	0	0	0	1.7	0.3
Using community resources	0.9	0	0	1.4	0	0.6
Medical referrals	0	1.5	0	4.3	0	1.1
Benefit to child	1.9	0	0	0	0	0.6
Benefit to other siblings	0	0	0	1.4	1.7	0.6
Don't know/not codable	6.6	8.3	8.6	11.4	5.0	8.0
Improved parent teaching	0	1.5	0	0	0	0.3
Parent-child interaction	0	0	0		1.7	0.6
Other	3.8	5.9	8.6		13.3	7.2

Table D-21

PARENT INTERVIEW I--LOCUS OF CONTROL
PERCENT RESPONSES IN EACH SCORING CATEGORY

	Group					
	Two-Year Home Start *(N=106)*	One-Year Home Start *(N=71)*	Head Start *(N=59)*	New Home Start *(N=71)*	New Head Start *(N=60)*	TOTAL SAMPLE *(N=367)*
1. Suppose you didn't like what a teacher was doing with one of your children who is in school. What would you do?						
No action	4.7	4.2	3.4	4.2	3.3	4.1
Third party involved	0.0	1.4	0.0	1.4	0.0	0.5
Indirect action by individual	4.7	2.8	5.1	7.0	3.3	[illegible]
Direct action by individual	90.6	91.5	91.5	87.3	93.3	90.7
2. What would you do if ____________ seemed to have trouble hearing things?						
No action	1.9	0.0	1.7	1.4	0.0	1.1
Third party involved	0.0	1.4	1.7	0.0	0.0	0.5
Indirect action by individual	96.2	98.6	96.6	97.2	98.3	97.3
Direct action by individual	1.9	0.0	0.0	1.4	1.7	1.1
3. If ____________ had a bad fall and you thought that his (her) leg was broken, what would you do?						
No action	0.0	0.0	1.7	1.4	0.0	0.5
Third party involved	1.9	2.8	1.7	2.8	3.3	2.5
Indirect action by individual	97.2	93.0	96.6	91.5	91.7	94.3
Direct action by individual	0.9	4.2	0.0	4.2	5.0	2.7
4. Suppose the road (or street) in front of your house became almost impossible to drive on because it was never repaired. What would you do?						
No action	11.3	11.3	10.2	16.9	23.3	14.2
Third party involved	52.8	54.9	49.2	43.7	58.3	51.8
Indirect action by individual	32.1	31.0	35.6	35.2	16.7	30.5
Direct action by individual	3.8	2.8	5.1	4.2	1.7	3.5

Continued:

Table D-21

PARENT INTERVIEW I--LOCUS OF CONTROL
PERCENT RESPONSES IN EACH SCORING CATEGORY
(continued)

	Group					
	Two-Year Home Start *(N=106)*	One-Year Home Start *(N=71)*	Head Start *(N=59)*	New Home Start *(N=71)*	New Head Start *(N=60)*	TOTAL SAMPLE *(N=367)*
5. What would you do if the police came and asked to search your house without giving you any reason?						
No action	15.1	15.5	11.9	15.5	18.3	15.3
Third party involved	0.0	0.0	0.0	1.4	1.7	0.5
Indirect action by individual	0.0	2.8	0.0	0.0	0.0	0.5
Direct action by individual	84.9	81.7	88.1	83.1	80.0	83.7
6. If your roof was leaking and your landlord wouldn't get it fixed, what would you do? (If parent owns the house or is living with relatives, ask her to suppose that she had to deal with a landlord.)						
No action	1.9	1.4	5.1	2.8	3.3	2.7
Third party involved	7.5	8.5	8.5	15.5	18.3	11.2
Indirect action by individual	13.2	8.5	25.4	14.1	21.7	15.8
Direct action by individual	77.4	81.7	61.0	67.6	56.7	70.3
7. If one of your children woke up in the middle of the night with a really high fever, what would you do?						
No action	0.9	1.4	0.0	2.8	1.7	1.4
Third party involved	0.0	0.0	0.0	0.0	0.0	0.0
Indirect action by individual	37.7	23.9	37.3	32.4	30.0	32.7
Direct action by individual	61.3	74.6	62.7	64.8	68.3	65.9
8. If you were worried that ___________ was eating less than usual, what would you do?						
No action	6.6	7.0	11.9	15.5	15.0	10.6
Third party involved	0.0	0.0	0.0	0.0	0.0	0.0
Indirect action by individual	45.3	64.8	64.4	38.0	48.3	51.2
Direct action by individual	48.1	28.2	23.7	46.5	36.7	38.1

Table D-22

ALPHA COEFFICIENTS BY GROUP--SPRING 1975

	Group				
Scale	Two-Year Home Start	One-Year Home Start	Head Start	New Home Start	New Head Start
PSI	.86	.83	.79	.83	.86
DDST					
Language	.76	.86	.83	.72	.76
Fine Motor	.42	.56	.66	.39	.42
Gross Motor	.45	.59	.38	.18	.41
Personal-Social	.34	.58	.40	.63	.25
8-Block Child Score	.87	.84	.83	.87	.78
SBI					
Task Orientation	.73	.76	.65	.70	.46
Extra-Introversion	.61	.64	.63	.73	.57
Hostility Tolerance	.75	.83	.74	.65	.66
POCL					
Test Orientation	.94	.92	.92	.94	.93
Sociability	.85	.87	.83	.90	.73
H/S HES					
Mother Involved	.59	.60	.57	.65	.69
Household Tasks	.59	.48	.45	.47	.49
Mother Teaches	.69	.86	.68	.70	.61
Books	.59	.52	.33	.51	.56
Playthings	.68	.62	.49	.58	.63
MBOS					
Supportive	.71	.77	.71	.68	.84
Punitive	.73	.60	.80	.57	.95
PI: Locus of Control	.16	-.13	.21	.40	-.11

Appendix E

ABSTRACTS OF RESEARCH ON HOME-BASED INTERVENTION PROGRAMS

ABSTRACTS OF RESEARCH ON HOME-BASED INTERVENTION PROGRAMS

Thirty-five research reports on home-based educational programs are abstracted in this appendix. The abstracts contain information on the programs themselves, the people they served, the evaluation results of the programs, and the methodology used to evaluate the programs. Strengths and weaknesses of the evaluations described in each report are noted.

The focus of the abstracts is on the evaluation design and results. Brief discussions of the strengths and weaknesses of each report are addressed primarily toward the evaluation components of the report, and are not meant to be judgments of the effectiveness of the particular program method. In many cases, the reviewers were impressed by the quality of program planning and development represented by these reports.

The 35 research reports abstracted in this appendix are those which met the following criteria: the report described an educational developmental intervention program for children under the age of eight years; the program described was either entirely home-based or contained a home visiting component which constituted a significant part of the intervention; the report contained both a description of the program method and evaluation results of that program; and the report was available for review as of September, 1975. Since there is often a significant lag between experimentation, publication of results, and distribution of this information, these reports may not be representative of the most recent efforts in this area.

Programs: Content and Duration

Based on the program descriptions, the majority of the program curricula are focused on child development issues for mothers and their children. Over half of these program descriptions relate their curriculum planning to Piagetian or cognitively oriented tasks. Several focused on school readiness (e.g., Scott, 1973, 1974) and in several projects the primary focus was on verbal interaction stimulation (Levenstein, 1971) and language development (Micotti, 1970; Askins and Alford, 1973). Many of the program descriptions imply an additional focus on socio-emotional development and a few addressed the issues of home management, health and nutrition.

There was substantial variation in the length of the intervention for individual children and their mothers. Programs ranged from 12 weeks to three and a half years. Four programs were less than six months in duration, ten programs were 6 to 12 months long; thirteen programs were for 13 to 24 months; and six programs lasted more than 24 months. There was great variation also in the ages at which children entered the various programs. Some programs began visiting mothers three to six months before their children were born. Some programs worked with first graders and their families. Most programs, however, focused on children who were between two and four years of age at entry.

Major Program Findings

The basic question one seeks to answer in a review of home-based early intervention studies is, "Are these programs effective--do they benefit children?" The answer for this set of projects is a qualified yes. With several exceptions, the majority of the studies reviewed here report significant gains for an experimental group of children in comparison to a control group of children on a number of cognitive measures. Several studies also report non-significant trends toward positive results for the experimental group, and several other studies report significant positive changes in scores for participating children where no comparison group was involved. Thirteen studies also report positive changes for mothers of the experimental group children. Five projects present reports of follow-up testing of children after the termination of the intervention (Klaus and Gray, 1968, at two years following the intervention; Klaus and Gray, 1970, at four years; Weikart et al., 1970, at up to four years; Levenstein, 1971, at two years; Gordon and Gubaugh, 1974, at three years; Lambie et al., 1974, at one year; and Scott, 1974, at 19 months). These researchers found evidence that some of the gains made by the experimental group were maintained over time, although the differences between experimental and comparison groups generally failed to maintain significance. In several instances, where the Stanford-Binet I.Q. was used as the outcome measure, the "erosion of the I.Q." phenomenon (described by Bronfenbrenner, 1974) was observed (i.e., a peak in the I.Q. scores of the experimental groups at the termination of the intervention, followed by a leveling off of the scores on subsequent testing). In each case, the control group mean I.Q. score increased after school entrance. Although the experimental group mean I.Q. was maintained at a higher level than that of the control groups, subsequent comparisons between groups revealed no significant differences.

Outcome measures for children. For the majority of the programs, the child was the focus of the evaluation effort. In addition to standardized cognitive measures (such as the Stanford-Binet, Peabody Picture Vocabulary Test, Bayley Infant Scales), several programs have attempted to evaluate specific cognitive outcomes in relation to their program content. The DARCEE programs (Klaus and Gray, 1968, 1970; Barbrack and Horton, 1970; Gilmer et al., 1970; Sandler et al., 1973) used a locally developed concepts test and report significant differences in favor of the experimental group. In the infant studies conducted by the DARCEE group (Forrester et al., 1971) other scales were used to tap dimensions of perception, coordination, and sensori-motor competence, although non-significant differences were reported between experimental and control groups. The University of Florida group (Gordon and Guinagh, 1974) used a measure of task orientation, but did not report findings on this measure. Henderson and Swanson (1973) report gains by Papago Indian children on a measure of causal question asking. The absence of a control group in this study and the lack of clear information on the test or testing procedures make these findings difficult to interpret. Levenstein (1971) used the Boehm Test of Basic Concepts in addition to I.Q. measures, but the findings were not clearly presented, and this test has come under considerable criticism, for lack of adequate standardization and the presence of ceiling effects. Schaefer (1969), in reporting results of a home tutoring project, mentioned a developmental advantage on the Johns Hopkins Perceptual Test for experimentals but failed to report test statistics and significance levels. Weikart's (1970) follow-up reporting included significant differences favoring experimental children on California Achievement Tests and teacher ratings of academic potential in early elementary grades.

In those programs where language development was emphasized, the Illinois Test of Psycholinguistic Abilities was the most frequently used measure. Those programs whose thrust was bilingual education also reported findings on other language measures. Askius and Alford (1973) report significant gains for experimental children (no control) on a Spanish edition of the PPVT. Thomas et al. (1973) report significant posttest differences favoring experimentals on the Spanish PPVT. Micotti (1970) used a Spanish language competence test but did not report findings.

Approximately one third of these programs claimed to address issues of social competence. Measures of certain social behaviors were mentioned or described, but in all but a few cases, no findings were presented.

Outcomes for mothers. Although many programs recognized the importance of the mother's involvement in the home-based teaching, few present data comparing experimental and control mothers. Many of these studies note positive shifts in experimental mothers' attitudes toward program components without discussing the degree or significance of the differences in most cases (Gutelius and Kirsch, 1975; Bertram et al., 1971; Gordon and Guinagh, 1974; Jew, 1974; Klaus and Gray, 1968; Lally, 1973). Reported positive changes in maternal behaviors or maternal teaching style are also presented in several studies (Barbrack, 1970; Barbrack and Horton, 1970; Lambie et al., 1974; Micotti, 1970; Sandler et al., 1973; Johnson et al., 1974; Goodman, 1975). Again, in most cases magnitudes of differences, explanations of specific behaviors, and levels of significance were not clearly reported (with Barbrack, 1970, and Lambie et al., 1974, notable exceptions). Anecdotal information on changes in mothers' lifestyles was reported by Gilmer et al. (1970).

A note on the use of I.Q. measures. As mentioned previously the evaluations relied heavily on standardized cognitive tests as their measures of outcomes for children. The majority of the studies used the Stanford-Binet Intelligence Scale, along with other such measures as the Peabody Picture Vocabulary Test and the Illinois Test of Psycholinguistic Abilities. Most authors indicated, however, that these tests were not completely reflective of their program objectives, and a large number of the evaluations also used non-standardized measures of children's social behavior, cognitive behavior, and verbal abilities and of mother's attitudes and teaching styles. Nevertheless, the Stanford-Binet I.Q. functioned as the primary outcome criterion. In many of the studies reviewed here, the mean I.Q. score for the experimental group is the only measure on which tabled data are presented.

A further problem in the use of I.Q. measures in evaluation relates to the nature of the measures themselves. In the development of I.Q. tests, items have been selected to produce an index of ability which is stable over time. If this stability has been achieved, there may be questions about the value of these tests as change measures, especially in connection with short-term interventions.

It is also unclear what sort of relationship exists between I.Q. test tasks and the stated Piagetian emphases of these programs. There is some evidence to suggest that achieving competence on a Piagetian stage level task is not necessarily dependent on the general ability of the child at a particular age. These problems, along with a lack of evidence for a relationship between preschool and later I.Q. scores and between I.Q. scores and school achievement, lead the reviewers to question the appropriateness of I.Q. tests for measuring any treatment effects of these programs.

On the other hand, I.Q. tests are adequately standardized, widely used and well-respected indicators of "ability". As such, they may have been selected because they related to the highest educational goals of these projects, representing the notion of transfer of learning from these programs to a variety of learning situations. Unfortunately, there was less likely to be assessment of the outcomes of the program in terms of the direct skills or competencies the programs were attempting to develop. This holds true as well for outcome information on mothers, on mother-child interactions, on siblings, and on project staff. Both Bronfenbrenner (1974) and Weikart (1975) feel that gains made by parents involved in the programs may be the most important outcomes for themselves and their children. It is becoming increasingly important to see the data on process and outcomes for mothers in order to begin to estimate the value of these interventions.

Policy Issues

While it appears that home-based intervention programs can and do offer certain benefits to their participants, there are a number of issues about those programs of interest to those who are being asked to fund such programs, which were sufficiently addressed in the studies reviewed here. Beyond the question of the general effectiveness of home-based programs, policy makers want to know which programs are most effective and for whom, what kind of staff is necessary for the program, what kind of staff training is most effective, how staff should be organized, how often visits should occur, at what child age intervention should begin, how long intervention should last, and how these programs compare with others in terms of cost.

Of the policy questions that have been addressed by the studies represented here, none has been addressed sufficiently for a definitive answer. But an impressive number of these questions have been looked at by the individual studies. These are summarized below.

Staff professionalism. Ten of the studies determined that paraprofessionals could function effectively as home visitors. Barbrack and Horton (1970) and Levenstein (1971) directly compared the effectiveness of professionals and paraprofessionals in the home visitor role. Findings from these two studies indicate that there may be no differences of practical significance between properly trained paraprofessionals and professionals.

Age at entry and duration of intervention. Comparisons were made between children who entered programs at differing ages by Levenstein (1971), Lambie et al. (1974), and Gordon and Guinagh (1974). Gordon and Guinagh also investigated the effects of differing lengths of intervention. Levenstein found no differences between children who entered at two or three years of age; and Lambie found no differences between infants who entered at three, seven, or eleven months of age. By contrast, Gordon and Guinagh found that age at entry and duration of intervention did make a difference; the most effective and consistent results were obtained for mothers and children who were in the program continuously for three years, beginning when the child was three months old.

Which program and for whom? While nearly all of the studies compared a single treatment with a comparison or control group, two compared the effectiveness of differing programs. Barbrack (1970) compared the following three home-based treatments: Mother-involved, focusing on cognitive activities; Mother-involved, focusing on gross motor activities; and Child-centered, mother not involved, focusing on cognitive activities. Barbrack found that home visiting, concentrating on the child, appears to increase the child's achievement. Home visiting which focuses on the mother in cognitive activities may increase positive mother behaviors. Gilmer et al. (1970) compared the following three treatments, two of which had home visiting elements: Maximum Impact--mothers were trained to participate in the preschool program and received home visits, children attended preschool; Curriculum--children attended preschool; and Home Visitor--mothers were trained in the home to work with their own children. For children in the programs, the Maximum Impact and Curriculum programs appeared to be the most beneficial. For mothers in the program and for younger siblings of the target children, the Maximum Impact and Home Visitor programs were most beneficial.

The question of identifying characteristics of parents and/or children which would predict for whom the program would be most effective was addressed by Gordon (1960), Tannenbaum (1969), Weikart et al. (1970), Henderson and Swanson (1973), and Lambie et al. (1974).

Program costs. Program costs were reported in only three of the studies (Barbrack and Horton, 1970; Micotti, 1970; and Bertram et al., 1971). Barbrack and Horton compared costs of three differing treatments, showing considerable savings by using para-professional visitors and supervisors. Betram et al. showed that costs of their home visiting program were less per child then the cost of kindergarten in the state. No study addressed the costs of evaluation.

Interactions and compromises. Although a few of these policy issues have been addressed, the interactions between these program components, or the necessary trade-offs and compromises involved in designing and implementing a home-based program have yet to be explored. For example, what type of training produces the most effective home visitor--professional or para-professional--and what are the costs of the training relative to the effectiveness? Which program model would be most effective for which age children? If what the mother does in between visits is the crucial variable for success of the program, regardless of the curriculum or content of the home visits, how is it possible to assess that component of the program, and what are the costs involved in answering that question? Would it be important to know more about mother process and outcomes at the expense of not gathering as much outcome data on children? The policy issues which have been addressed have focused primarily on implications for changes in programs. It is the reviewers' current feeling that real implications for intervention policy could best come from more careful evaluation of the actual process occurring in the programs as they now exist.

Evaluation Methodologies

The home-based intervention studies abstracted here cannot be considered representative of the most recent efforts in this area, considering the reporting and publication time lag. However, included in these abstracts are many of the most widely known and most frequently cited studies of home-based programs. Therefore, it seems appropriate to critically examine the research designs of these studies in order to better appreciate the validity of their stated conclusions.

Few studies clearly present their evaluation design. Minimal information on the samples of children is presented. Methods of selection or recruitment are discussed in only half of the studies. Methods of data collection, descriptions of the testers or interviewers, conditions and locations of testing are presented in one third of these reports. The actual research hypotheses are merely implied (i.e., this intervention is better than no intervention) for many of the studies. In those studies where an adequate description of the characteristics of the sample is presented, few hypotheses about the interrelationships of the variables are presented prior to the discussion of results.

The traditional experimental design using an experimental group and a control group is the design utilized in the majority of studies. Assignment to groups is either claimed as "random" or not discussed (with the exception of the distal control group used in the DARCEE studies). The comparability of the control groups in most cases is questionable (and is indeed questioned by several of the authors) but few attempts to systematically examine this comparability or to statistically control for it are presented. In the years directly following the publication of Campbell and Stanley's Experimental and Quasi-Experimental Designs for Educational Research it appears that few researchers in this area made the attempt to investigate more appropriate research designs. The inappropriateness of the traditional experimental design for these studies, or in some cases, the lack of any research design, casts more doubt on the validity of the evaluation findings summarized above.

The majority of these studies report pre- and post-testings, implying some analysis of change or gain scores, and comparison between experimental and control groups. However, the most frequently used statistics were the analysis of variance F-test and t-test for between group comparisons. Several reports present analysis of post-test scores only, rather than using gain scores or analysis of covariance. With few exceptions, no within group analysis of interactions of mother or child characteristics with treatment are presented.

Presentation of results. One further difficulty encountered in reviewing the research portion of these reports is the locating of actual results. In those studies where research hypotheses were not clearly stated, it was often difficult to understand what questions the results presented were answering. In most reports some tabled data were presented (although frequently the results section did not refer to or clarify these data) or included significance levels for tests for which no other information was presented. In many reports, the results section was blurred with a discussion of the policy implications which the researchers saw as their primary message to their readers. Frequently, researchers working with interventions with four and five year olds, after minimally presenting selected group comparisons, leaped to lengthy discussions of the need for earlier intervention.

Suggestions for future evaluations. The above criticisms do not apply to all studies abstracted here, nor do all criticisms apply to each of the studies. A general conclusion from examining these research designs is that alternatives to the experimental laboratory method should be considered. It is not an easy task to obtain a matched or comparable control group or to enlist the cooperation of parents and children in such a group when no benefit is being offered. Nevertheless, given the situation where groups are not expected to be comparable, the researcher has the obligation to examine that comparability before legitimately presenting treatment comparisons. More time should be spent on examining the feasibility of alternative designs such as that reported by Scott (1973, 1974). In that research, Scott used older siblings of children in the treatment groups as comparisons to control for background characteristics. However, he failed to control for family size and age of the siblings, and based his rationale on a study of adolescents (for whom the cognitive measures could be assumed to be more stable). The use of the distal comparison group (DARCEE programs), where a control group was selected from another location with similar population characteristics, is another promising effort, although the failure to statistically control for initial group differences is a handicap in interpreting those results. These designs are not without their problems, but attempts to use them and others (e.g., time-scores design, regression discontinuity design, as outlined in Campbell and Stanley, 1966), with investigation of their strengths and weaknesses should be encouraged. What is necessary in future evaluations of home-based programs is a commitment on the part of the projects to extend the same consideration to development of research strategies that is given to curriculum and program development.

Askins, B. E., & Alford, G. Evaluation of the effects of the Clovis-Portales Bilingual Early Education Program (Final report). New Mexico: Clovis Public Schools, 1973. (ERIC Document Reproduction Service No. ED 081 475)

PROGRAM AGENCY OR SPONSOR: Clovis Public Schools, New Mexico and Adobe Educational Services, Lubbock, Texas.

FUNDED BY: Bureau of Elementary and Secondary Education, Division of Bilingual Education, United States Office of Education (DHEW).

PROGRAM METHOD: Classroom activities plus parent involvement component for preschool children. Classroom used Responsive Environment Model and Piagetian-based curriculum. Parent involvement component used home visitors who made weekly visits, tutoring parents on classroom skills.

EVALUATION DESIGN: Pre-post test design. No control group.

SAMPLE: Eighty 3-4 year old children, low SES families, predominantly Spanish-surnamed, Spanish-speaking.

OUTCOME MEASURES: PPVT (English and Spanish), Walker Readiness Test, Developmental Profiles.

PREDICTOR MEASURES: Treatment.

LENGTH OF STUDY: One year for evaluation, school year 1972-73.

FINDINGS:

Very significant gains ($< .001$) on group means on PPVT in English, Spanish, and Walker Readiness Test for children in the program.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children.

FAMILY CHARACTERISTICS: Described and data presented.

PROCESS OF HOME VISIT: No.

TRAINING OF HOME VISITORS: No.

STAFF ORGANIZATION: Described.

PROGRAM COSTS: No.

STRENGTHS: Bilingual program, coordinated classroom and home visit approach.

SHORTCOMINGS: Lack of comparison group. No systematic way to assess the actual contribution to the program of the home visit component.

Barbrack, C. R., & Horton, D. M. Educational intervention in the home and professional career development: A first generation mother study. DARCEE Papers and Reports, 1970, 4(3).

PROGRAM AGENCY OR SPONSOR: Demonstration and Research Center for Early Education, George Peabody College for Teachers, Nashville, Tennessee.

FUNDED BY: U. S. Office of Economic Opportunity.

PROGRAM METHOD: Four mothers who were subjects in a previous study, (Maximum Impact Group) were Home Visitor trainees in this study. They each visited three families, one hour a week, for 40 weeks. The aim of the visits was to teach the mother to be an effective educational change agent for her child.

EVALUATION DESIGN:

SAMPLE: Experimental group = 8 girls and 4 boys and their families, ages 40 to 64 months. Comparison group = 7 girls and 5 boys, ages 43 to 53 months. All were black and from same low-income housing project.

OUTCOME MEASURES: Binet, Peabody Picture Vocabulary Test, DARCEE Concept Test for children; impressions of changes in Home Visitors.

PREDICTOR MEASURES: Treatment group.

LENGTH OF STUDY: 40 weeks. Experimental children were tested pre and post, control children were post tested.

FINDINGS:

Within Experimental Group:

1. No significant pre-post change on Binet or PPVT.

2. Significant pre-post gains on DARCEE Concept Test, all three subtests.

Between Experimental and Comparison Groups:

1. No significant differences on Binet or PPVT.

2. Significant difference on Identification subtest of DARCEE Concept Test.

For Home Visitors: gains in self-confidence and competence with their own children.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children and for the Home Visitors themselves.

FAMILY CHARACTERISTICS: No.

PROCESS OF HOME VISIT: No.

TRAINING OF HOME VISITORS: This was done for the project but not directly researched.

STAFF ORGANIZATION: No.

PROGRAM COSTS: No.

STRENGTHS: Used a measure designed to meet their program objectives, DARCEE Concept Test, and found gains on it.

SHORTCOMINGS: No pretest for comparison group. Only cognitive measures for children. No outcomes for rest of family members were measured.

Barbrack, C. R., & Horton, D. M. Educational intervention in the home and paraprofessional career development: A second generation mother study with an emphasis on costs and benefits. DARCEE Papers and Reports, 1970, 4(4).

PROGRAM AGENCY OR SPONSOR: Demonstration and Research Center for Early Education, George Peabody College for Teachers, Nashville, Tennessee.

FUNDED BY: U. S. Office of Economic Opportunity.

PROGRAM METHOD: The purpose of the home visits was to teach mothers to be effective educational change agents for their children. Three methods were compared: T1, families visited by a professionally trained teacher. T2, families visited by paraprofessional home visitors, trained and supervised by professional. T3, families visited by paraprofessional home visitors, supervised by paraprofessionals. Comparison group.

EVALUATION DESIGN:

SAMPLE: All subjects were black and from same low income housing project. T1 = 10 boys and 7 girls, 53 to 75 months. T2 = 4 boys and 8 girls, 47 to 64 months. T3 = 3 boys and 7 girls, 46 to 64 months. C = 3 boys and 7 girls, 46 to 64 months.

OUTCOME MEASURES: For children: Binet, Peabody Picture Vocabulary Test, and DARCEE Concept Test for children. For mothers: Materna Teaching Style Instructions. No pre-tests for Comparison group; no maternal measures for T1 or Comparison mothers.

PREDICTOR MEASURES: Treatment group, child age.

LENGTH OF STUDY: Approximately 10 months, from pre-test to post-tes

FINDINGS:

For children:

1. Child age differed significantly between groups so age was used as a covariate in analyses of DARCEE Concept Test.
2. No significant differences between the four groups on the Binet.
3. No overall differences on PPVT.
4. The three treatment groups were superior to the Comparison group on Recognition and Identification subtests of the DARCEE Concept test; T3 was superior to Comparison on the Matching subtest.

For mothers:

1. No significant differences between the three treatment groups on Maternal Teaching Style Instrument.
2. T1, T2, and T3 mothers were more specific, more positive, and less negative on post-test than on pre-test on Maternal Teaching Style Instrument.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for mothers and children.

FAMILY CHARACTERISTICS: No.

PROCESS OF HOME VISIT: No.

TRAINING OF HOME VISITORS: No, but it does address level of professionalism of home visitors and supervision.

STAFF ORGANIZATION: Yes, whether professional or paraprofessional in home visitor roles and in supervisory roles.

PROGRAM COSTS: Yearly costs for T1 were $440 per child, for T2 were $300 per child, and for T3 were $275 per child.

STRENGTHS: Addresses an important cost issue; seems to indicate that the least costly treatment is at least as effective as the others. Provides a career ladder for mothers as well.

SHORTCOMINGS: No pretest measures for Comparison children, significant age differences in the groups of children; no maternal measures on Comparison mothers.

Barbrack, C. R. The effect of three home visiting strategies upon measures of children's academic aptitude and materanl teaching behaviors. DARCEE Papers and Reports, 1970, 4(1).

PROGRAM AGENCY OR SPONSOR: Demonstration and Research Center for Early Education, George Peabody College for Teachers, Nashville, Tennessee.

FUNDED BY: U. S. Office of Education.

PROGRAM METHOD: There were three home visiting treatment groups:
1) Mother-involved, focusing on cognitive activities;
2) Mother-involved, focusing on gross motor activities; and
3) Child-centered Cognitive, mother not involved. Home visitors were community residents, with 40 hours of preservice training.

EVALUATION DESIGN:

SAMPLE: 90 black mothers and their first grade children. All children had attended a summary Head Start program. Mean child pretest Binet score was 81.45. Eighteen mother-child pairs were assigned to each of five groups: the three treatment groups, a local control and a distal control group.

OUTCOME MEASURES: For children: Post test scores on Stanford-Binet and Metropolitan Achievement Test. For mothers: Maternal Teaching Style Instrument.

PREDICTOR MEASURES: Treatment group; prescores as covariates; child's sex.

LENGTH OF STUDY: Program duration was one hour per week for 30 weeks.

FINDINGS:

For children: There were no group differences on post test Binet scores. The cognitive child-centered group was superior to all other groups on the Metropolitan Achievement Test.

For mothers: Of 15 categories of maternal behavior, the mother-involved cognitive group was superior in three categories: Information Responses, Non-verbal Positive Feedback, and Overall Number of Positive Feedback Responses. While the above findings confirmed hypotheses, another finding was contrary to hypotheses: the Mother-involved Cognitive group was lower in Question Responses than all other groups. Maternal behaviors did not differ as a function of the child's sex.

Summary: Home visiting which concentrates on the child appears to increase the child's achievement. Home visiting which concentrates on the mother may increase positive mother behaviors.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children and for mothers.

FAMILY CHARACTERISTICS: Groups were compared initially on such family characteristics as educational level of mother, family size, presence of fathers, and quality of housing. No attempt was made to relate these characteristics to outcomes.

PROCESS OF HOME VISIT: Described.

TRAINING OF HOME VISITORS: Described.

STAFF ORGANIZATION: No

PROGRAM COSTS: No

STRENGTHS: Addressed the issue of whether the home visitor should focus on the mother or the child. Utilized a "distal" control group, located in another community, to control for diffusion effects on the "local" control group.

SHORTCOMINGS: The outcome measures probably did not reflect the actual goals of the program very accurately.

Bertram, C. L., Pena, D., & Hines, B. W. Evaluation report: Early childhood education program, 1969-1970 field test (Summary report). Charleston, West Virginia: Appalachia Educational Laboratory, May 1971. (ERIC Document Reproduction Service No. ED 052 837)

PROGRAM AGENCY OR SPONSOR: Appalachia Education Laboratory, Charleston, West Virginia.

FUNDED BY: U.S. Office of Education, HEW.

PROGRAM METHOD: Total program consisted of (1) 30 minute TV lessons broadcast daily, (2) weekly home visits by paraprofessionals for discussion and materials drop off, (3) group instruction weekly for parents and children. Treatments consisted of the following three combinations: (1) whole package, (2) TV and home visit, and (3) TV only.

EVALUATION DESIGN:

SAMPLE: 300 children were assigned to the three treatment groups, approximately 100 children in each group. 40 children were in a comparison group. The socioeconomic characteristics of the families closely resemble the overall population of the state (West Virginia). Children were 3, 4 and 5 years old.

OUTCOME MEASURES: PPVT, ITPA, Appalachian Preschool Test of Cognitive Skills, Frostig, social skills, Parent assessment.

PREDICTOR MEASURES: Treatment group.

LENGTH OF STUDY: This is a report on the 2nd year data from a 3-year field test.

FINDINGS:

Language: Although there were few significant differences between groups, the authors note a definite trend toward an increased language development for children in the treatment groups (as opposed to a comparison group). A significant treatment effect was observed for a measure of transformational grammar.

Cognitive: Scores on a criterion-referenced test of cognitive objectives favored the two groups which received the mobile classroom and/or home visitors over a group which received TV only. The two home visit groups also scored significantly higher on a measure of vocabulary level.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children. Results for parent attitudes are unclear.

FAMILY CHARACTERISTICS: No.

PROCESS OF HOME VISIT: Described briefly.

TRAINING OF HOME VISITORS: No.

STAFF ORGANIZATION: No.

PROGRAM COSTS: Total cost of operation for the program was approximately $250 per child. This was compared to an estimated cost of kindergarten in West Virginia at $496 per child.

STRENGTHS: Includes a description of the television production and mobile classroom, information on the mechanics of start-up and operation, maintenance, and response to the TV programs.

SHORTCOMINGS: Technical data on results are not presented in this report but are contained elsewhere.

Forrester, B. J., Hardge, B. M., Outlaw, D. M., Brooks, G. P., & Boismier, J. D. The intervention study with mothers and infants. Nashville: George Peabody College for Teachers, 1971 (Mimeo)

PROGRAM AGENCY OR SPONSOR: Demonstration and Research Center for Early Education, George Peabody College for Teachers, Nashville, Tennessee.

FUNDED BY: National Program on Early Childhood Education, Central Midwestern Regional Educational Laboratory (U. S. Office of Education).

PROGRAM METHOD: One home visitor visited each home for one hour a week for 24 visits. The home visitor demonstrated and reinforced behavior of the adult caretaker that provides for the physical, emotional, social, and intellecutal development of infants. Visits focused on physical care, observing behavior, positive rewards, mother involvement with the infant, and expectations of mothers.

EVALUATION DESIGN:

SAMPLE: 20 mother-infant diads were in the experimental group and 20 in the comparison group. Infants were between 7 and 9 months at the beginning of the project. Mothers, some white and some black, were from low income homes.

OUTCOME MEASURES: Infants were tested using the Griffith Mental Development Scale, the Uzgiris-Hunt Infant Psychological Development Scale, and the Bayley Scales of Infant Development. Maternal behavior during testing was observed. Homes were rated using the Caldwell Inventory of Home Stimulation.

PREDICTOR MEASURES: Treatment group.

LENGTH OF STUDY: Weekly home visits for 24 visits.

FINDINGS:

For infants:

1. Bayley Scales: Experimental group infants scored significantly higher than comparison infants on the Mental Scale; no difference on the Motor Scale.
2. Griffith Scales: Experimental group infants scored significantly higher than comparison infants on the overall score, Hearing and Speech, and Eye and Hand Scales; no differences on the Locomotion, Personal-social, and Performance Scales.
3. Uzgiris-Hunt Scale: Experimental infants scored significantly higher on the total score, Visual Pursuit and Permanence of Objects, Development of Schemas, Construction of Objects in Space, and Imitation Scales; no differences on the Development of Means and Development of Casuality Scales.

For mothers: No findings are reported.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for infants.

FAMILY CHARACTERISTICS: No.

PROCESS OF HOME VISIT: No.

TRAINING OF HOME VISITORS: No.

STAFF ORGANIZATION: No.

PROGRAM COSTS: No.

STRENGTHS: Showed gains on some subtests of all three infant measures.

SHORTCOMINGS: Focused only on infant gains.

Gilmer, B., Miller, J. O., & Gray, S. W. Intervention with mothers and young children: A study of intrafamily effects. Nashville: DARCEE Papers and Reports, 1970, 4(11).

PROGRAM AGENCY OR SPONSOR: Demonstration and Research Center for Early Education, George Peabody College for Teachers, Nashville, Tennessee.

FUNDED BY: National Program on Early Childhood Education, Central Midwestern Regional Educational Laboratory.

PROGRAM METHOD: Three treatments were contrasted:

1) Maximum Impact--mothers were trained to participate in preschool program and received home visits; children attended preschool.
2) Curriculum--children attended preschool.
3) Home Visitor--mothers were trained in home to work with their own children.

Fourth group was a Comparison group--attended another preschool.

EVALUATION DESIGN:

SAMPLE: 80 families from a black, low income housing project. Twenty families were assigned to each of 4 groups. In each family there was a target child between 3 and 4 years of age, and a younger sibling.

OUTCOME MEASURES: For children: Binet, Peabody Picture Vocabulary Test, DARCEE Basic Concept Test. For mothers: Impressions of changes in mothers' lifestyles.

PREDICTOR MEASURES: Treatment group.

LENGTH OF STUDY: One to two years for each family.

FINDINGS:

For target children:

1. On the Binet, Maximum Impact and Curriculum groups were significantly superior to Home Visitor and Comparison groups.
2. No significant group differences on PPVT.

For younger siblings:

1. On the Binet, Maximum Impact and Home Visitor groups were significantly superior to Curriculum and Comparison groups.
2. Maximum Impact and Home Visitor groups were significantly superior to Curriculum and Comparison groups on all subtests (Matching, Recognition, and Identification) of the Basic Concept Test.
3. No differences on the PPVT

For mothers: Changes in lifestyle, including greater economic viability for mothers who participated in Maximum Impact and Home Visitor groups.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for target children, for younger siblings, and for mothers.

FAMILY CHARACTERISTICS: Not as related to outcomes--only to equate groups; and groups were somewhat different on demographic variables.

PROCESS OF HOME VISIT: No.

TRAINING OF HOME VISITORS: No.

STAFF ORGANIZATION: No.

PROGRAM COSTS: No.

STRENGTHS: Studies the phenomenon of "vertical diffusion," or the effects on a younger sibling of the target child when the mother is involved in the treatment. Found evidence of such "vertical diffusion."

SHORTCOMINGS: Comparison group children were approximately one year older than treatment group children. Groups differed on demographic variables, but there were no significant differences between mother's prescores on WAIS.

Goodman, E. O. Modeling: A method of parent education. The Family Coordinator, 1975, 24(1), 7-11.

PROGRAM AGENCY OR SPONSOR:

FUNDED BY: (Partially) Title III grant (Elementary and Secondary Education Act of 1965).

PROGRAM METHOD: 12 college seniors in nursery school education modeled child-interaction techniques twice a week, 1 1/2 hours each time, in home with mothers present, not involved.

EVALUATION DESIGN:

SAMPLE: 52 mothers from New Hampshire with 5 or 6 year old children due to enter first grade--no control group.

OUTCOME MEASURES: Number of Mother's: information processing acts, positive reinforcement acts, positive control acts.

PREDICTOR MEASURES: Intervention (modelling as an educational stategy).

LENGTH OF STUDY: Four winter months.

FINDINGS:

Mothers' acts of information processing increased by 18% (considered significant). Mothers' acts of positive reinforcement and positive control increased by less than 5%. Ways in which these outcomes were evaluated is not clear in article.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for mothers only.

FAMILY CHARACTERISTICS: Described.

PROCESS OF HOME VISIT: Described.

TRAINING OF HOME VISITORS: Described.

STAFF ORGANIZATION: Described.

PROGRAM COSTS: No.

STRENGTHS: Investigating effectiveness of particular educational stategy modelling. Unique in its focus on mothers only.

SHORTCOMINGS; No control group; outcomes for children not part of the study; lucidity of intervention; evaluation data not included in article and vaguely delineated; comparison of several strategies not clearly prescribed.

Gordon, I. J. Early childhood stimulation through parent education (final report to the Children's Bureau, Social and Rehabilitation Service, Department of Health, Education and Welfare). Gainesville, Florida: University of Florida, Institute for Development of Human Resources, 1969. (ERIC Document Reproduction Service No. ED 038 166)

PROGRAM AGENCY OR SPONSOR: Institute for Development of Human Resources, University of Florida.

FUNDED BY: Children's Bureau, Department of Health, Education and Welfare.

PROGRAM METHOD: Disadvantaged women were selected, instructed, and became home visitors to teach other disadvantaged mothers ways to stimulate the perceptual, motor, and verbal activities of their infants. Each mother was visited once a week. One comparison group received no visits, and another comparison group was visited monthly by graduate nurses to control for the effect of simply being visited.

EVALUATION DESIGN:

SAMPLE: The experimental group had 150 families and the two comparison groups had 30 families each. They were disadvantaged families from a rural area in central Florida.

OUTCOME MEASURES: For children: Parent-Educator Weekly Report, the Goldman Race Awareness Test, and the Griffith and Bayley Infant Scales. For mothers: Parent-Educator Weekly Report, the Rotter Social Reaction Inventory, the Markle-Voice Language Assessment, estimates of mother expectancy.

PREDICTOR MEASURES: Treatment group; length of treatment time.

LENGTH OF STUDY: Some families received home visits from the time the infants were three months old until they were two years old; a second group received visits from three months to one year; a third group received visits from one year to two years.

FINDINGS:

There were no differences between child outcomes for the two control groups. At 12 months of age, experimental infants were significantly ahead of control infants on total scores of the Griffith Mental Development Scales.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children. And later reports address outcomes for children and for mothers.

FAMILY CHARACTERISTICS: Later reports address the relationship between mother characteristics, child characteristics, and outcomes.

PROCESS OF HOME VISIT: Described.

TRAINING OF HOME VISITORS: Described.

STAFF ORGANIZATION: No.

PROGRAM COSTS: No.

STRENGTHS: The design made it possible to address the issue of the age at which visits should begin and the length of time they should continue for maximum benefits. These issues are dealt with in later reports.

SHORTCOMINGS: None noted.

Gordon, I. J., et al. Reaching the child through parent education: The Florida approach. University of Florida, Institute for Development of Human Resources, 1969.

PROGRAM AGENCY OR SPONSOR: University of Florida.

FUNDED BY: Children's Bureau (DHEW).

PROGRAM METHOD: This report contains a series of papers on the Early Child Stimulation Project, Home Learning Center Project, and Project Follow Through. All programs contain a home visitor component. Home visitors (parent educators) are non-professionals selected from the same target population as the children served, trained in workshops at University of Florida. Focus on working with mothers and children on learning tasks and with mothers as teachers.

EVALUATION DESIGN: Pre-post test design.

SAMPLE: Various samples reported in different papers. Preschool and early elementary. Mention of control groups in Follow Through programs.

OUTCOME MEASURES: Parent Educator Weekly Report, How I See Myself, Rotter I-E Scale (adapted), Children's Self-Social Construct Test, Florida Affective Categories, Teacher Practices Observation Record, Reciprocal Category System, Purdue Teacher Opinionnaire, Home Interview Schedule, Griffiths Mental Development Scale.

PREDICTOR MEASURES: Treatment groups, sex.

LENGTH OF STUDY: Varies with report.

FINDINGS:

1. One report discusses sex differences interactions with treatment effects for the infant project. Experimental females scored higher than experimental males; control males scored higher than control females (Griffith Mental Development tests). Significant interaction between sex and treatment occurred on locomotor test. Speculation on sex-related appropriateness of materials was presented.

2. Results of a procedure designed to categorize environmental press variables (Environmental Process Questionnaire). Eleven of twelve dimensions significantly discriminated between the six different communities (in various regions of the country) involved in the Follow Through Project.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children and mothers, but not all phases present data.

FAMILY CHARACTERISTICS: Minimally described.

PROCESS OF HOME VISIT: Described.

TRAINING OF HOME VISITORS: Described.

STAFF ORGANIZATION: Described.

PROGRAM COSTS: No.

STRENGTHS: Primary focus of all reports is the use of nonprofessionals as parent educators. Extensive description of complex model for service delivery in variety of settings. Addresses environmental press issues, appropriateness of program for populations.

SHORTCOMINGS: Little data presented on actual program effectiveness. No discussion of control group assignments.

Gordon, I. J., & Guinagh, B. J. *A home learning center approach to early stimulation*. Gainesville, Florida: University of Florida, Institute for Development of Human Resources, November 1974.

PROGRAM AGENCY OR SPONSOR: Institute for Development of Human Resources, College of Education, University of Florida, Gainesville, Florida.

FUNDED BY: National Institute of Mental Health; Fund for the Advancement of Education; and Children's Bureau, HEW.

PROGRAM METHOD: See abstract of Gordon (1969). Length and timing of intervention was varied for six treatment groups; a seventh group received home visits from 24 months to 36 months of age and participated in a group program as well (HLC Program).

EVALUATION DESIGN:

SAMPLE: 149 families in seven treatment groups; 55 control families. All were disadvantaged (indigent) families from rural central Florida. Criteria for children: single birth, no breach or caesarean delivery, no complications, no evidence of mental retardation.

OUTCOME MEASURES: *For children* at age six: Binet, Caldwell Preschool Inventory, Task Oriented Behavior Scale. *For mothers*: Interview data.

PREDICTOR MEASURES: Treatment group, sex, mother characteristics, age at entry, length of intervention.

LENGTH OF STUDY: Length of intervention varied from one to three years, beginning at birth, one, or two years. Follow up was to age six.

FINDINGS:

1. Low attrition rate supported the hypothesis that the home- and center- based program could be sustained for children ages two to three and their mothers.
2. Useful intellectual and personality materials could be and were developed.
3. The most effective and consistent results were obtained for mothers and children who were in the program continuously from the child's age three months through three years. The next most effective intervention was that which lasted two consectutive years, either from three months to two years or from one year to three years of age. I.Q. (Bayley and Binet) findings over time: at age two, no significant differences. At age three, children who participated for three years were significantly higher than controls. At age four, four treatment groups were higher than controls: participation for three years, participation for years one and two, participation for years two and three, and HLC. At age five, two treatment groups were higher than controls: participation for three years and participation for first year only. At age six, findings were the same as for age four.
4. No sex differences were found on the Binet scores.

For mothers:

5. Generally, in comparison to controls, mothers who had participated for two or more consecutive years were more willing to let their children choose their own occupational goals and want them to have more education. They see their children as being able to do academic things better than other children and as teaching their siblings. These mothers are also more likely to continue their own education and to change their job status in an upward direction. HLC mothers want more education for their children than do control mothers.

6. Mother attitudes toward self and toward the project were related to child Binet scores at age three and at age six. The relationships were somewhat different for boys and girls.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children and mothers.

FAMILY CHARACTERISTICS: Yes, mother variables at child's age three were found to be related to child outcomes at ages three and six.

PROCESS OF HOME VISIT: No.

TRAINING OF HOME VISITORS: Described.

STAFF ORGANIZATION: Described for HLC program, which included group-center program.

PROGRAM COSTS: No.

STRENGTHS: Addresses the issue of when intervention should begin and how long it should continue for maximum benefit. Presents longitudinal followup data, still supportive of earlier findings.

SHORTCOMINGS: Some better child outcome measures in socioemotional area would have been useful.

Gray, S. W., & Klaus, R. A. The early training project: a seventh-year report. Child Development, 1970, 41, 909-924.

PROGRAM AGENCY OR SPONSOR: George Peabody College for Teachers, Nashville, Tennessee

FUNDED BY: National Institute of Mental Health and National Institute of Child Health and Human Development.

PROGRAM METHOD: (See summary of Klaus and Gray, 1968)

EVALUATION DESIGN:

SAMPLE: (See summary of Klaus and Gray, 1968) In addition, 100 younger siblings were tested.

OUTCOME MEASURES: Stanford-Binet, PPVT, and Metropolitan Achievement Test.

PREDICTOR MEASURES: Treatment groups; initial IQ score of target child used as a covariate in analyses of younger siblings.

LENGTH OF STUDY: Seven years--two to three years of intervention and four years of follow-up testing through grade 4.

FINDINGS:

For children: For the two additional years of follow-up contained in this study, the treatment groups remained superior to the control groups on the Binet. The treatment groups were superior to the control groups on the PPVT in grade 3 but not grade 4. On the Metropolitan Achievement Test, the treatment groups were generally superior to the control groups, and the local control was superior to the distal control group.

For younger siblings: Experimental group siblings were superior to control group siblings on the Binet. Differences were greater for siblings who were closer in age to the target child.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for target children and their younger siblings.

FAMILY CHARACTERISTICS: Described.

PROCESS OF HOME VISIT: No.

TRAINING OF HOME VISITORS: No.

STAFF ORGANIZATION: No.

PROGRAM COSTS: No.

STRENGTHS: Took an initial look at the diffusion of effects from the target child and mother to a younger sibling. This led to a later direct study of "vertical diffusion" of program effects to siblings - see summary of Gilmer et al. (1970).

SHORTCOMINGS: None noted.

Gutelius, M. F., & Kirsch, A. D. Factors promoting success in infant education. *American Journal of Public Health*, 1975, *65*(4), 384-3

PROGRAM AGENCY OR SPONSOR: Children's Hospital in Washington,

FUNDED BY: Research Grant MH 09215 National Institute of Mental Health (NIMH), United States Public Health Service.

PROGRAM METHOD: Visits from mobile medical unit (9,7,5 visits in first, second, third years of life respectively); nurse made an extra visit between mobile unit visits (approximately 8,6,4 for first, second, third years respectively) of 1 1/2 hours to discuss visual, tactile, auditory, motor stimulation methods and language development. Toys given at each visit. Unstructured counseling. Within experimental group: two groups. First group: (high contact) extensive, intensive contact with project staff apart from scheduled home visits. Second group: (routine contact) only one extra point of contact a year--minimal in comparison to first group.

EVALUATION DESIGN:

SAMPLE: 92 first-born black infants from two or more months before birth to three years of age--46 in experimental and 46 in control randomly assigned; authors say that experimental and control groups well-matched but do not say how.

OUTCOME MEASURES: Observation of mother-child interaction; extensive medical work up; Bayley Scales for Mental and Motor Development (6 months, 1 year, 2 years); Stanford-Binet, Form L-M at 3 years.

PREDICTOR MEASURES: Treatment and amount of involvement and interaction with project staff.

LENGTH OF STUDY: Seven years (see above for length for individual children)--three years for each child; 17, 13, 9 visits pers year (approximately) for each year respectively.

FINDINGS:

Experimental:

At 6 months: significantly different, but authors do not say how; at 3 years: mean I.Q. on Stanford-Binet = 99.3. More self-confidence. High contact: at 3 years Stanford-Binet mean I.Q. = 102.5. Routine contact: at 3 years Stanford-Binet mean I.Q. = 96.0. Significant at $p < .05$ ($t = 2.17$).

Control:

At 3 years: mean I.Q. on Stanford-Binet = 91.2. Significant $p < .001$. Control children divided into 2 groups for the same period of time and showed no differences in mean I.Q.'s.

High contact vs. control group for same time: varied widely, significantly in favor of experimental. Routine contact vs. control group for same time: differed but not significantly. High contact children showed more self-confidence, more ease in establishing a relationship than routine contact.

High contact mothers:

Scored more favorably on interest shown in physician's advice and amount of conversation with children. More frequent use of picture books and coloring materials in home than routine group. None of these differences on self-confidence for children or differences in mother behavior were significant.

DOES STUDY ADDRESS:

OUTCOMES: Yes, mostly for children; some outcomes for mothers mentioned.

FAMILY CHARACTERISTICS: Described.

PROCESS OF HOME VISIT: Some description.

TRAINING OF HOME VISITORS: No.

STAFF ORGANIZATION: Minimally described.

PROGRAM COSTS: No.

STRENGTHS: Longitudinal nature of intervention and evaluation; random assignment to control and experimental groups.

SHORTCOMINGS: Pretesting and matching of groups is unclear.

Henderson, R. W., & Swanson, R. The socialization of intellectual skills in Papago children: The effects of a parent training program. Tucson Arizona: University of Arizona, July 1973. (ERIC Document Reproduction Service No. ED 081 471)

PROGRAM AGENCY OR SPONSOR: Center for Educational Research and Development, University of Arizona, Tucson.

FUNDED BY: Arizona State Department of Education and the Indian Oasis Elementary School District 40, Sells, Arizona.

PROGRAM METHOD: Two paraprofessionals, bilingual in English and Papago, were trained to instruct three cohorts of parents in stimulating causal questions by their children. Semi-weekly training meetings were held. These were supplemented with home visits to help the parents work with their children in the homes.

EVALUATION DESIGN:

SAMPLE: There was no control group. Baseline data was obtained and three cohorts participated in order to have three replications of the experiment. 30 families participated; they were Papago Indian families who had children in the first grade.

OUTCOME MEASURES: An individually administered test of question-asking performance.

PREDICTOR MEASURES: Treatment.

LENGTH OF STUDY: Unclear.

FINDINGS:

All cohorts of children made gains in causal question-asking. These gains were maintained over time, and gains seemed to increase even after termination of intervention. Children in each cohort who did not gain could be identified in initial modelling trials.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children.

FAMILY CHARACTERISTICS: No.

PROCESS OF HOME VISIT: Described.

TRAINING OF HOME VISITORS: Described.

STAFF ORGANIZATION: No.

PROGRAM COSTS: No.

STRENGHTS: The procedures are well described, and the theoretic rationale is well developed.

SHORTCOMINGS: No control group was utilized, but the replication design lends considerable support to the conclusion that the findings are not based on chance. Gains appeared to be maintained over time, but the length of time between testing sessions was not specified.

Jew, W. Helping handicapped infants and their families: The Delayed Development Project. Children Today, 1974, 3, 7-10.

PROGRAM AGENCY OR SPONSOR: Delayed Development Project, connected with the Walton Development Center and the Stockton Unified School District, Stockton, California.

FUNDED BY: U.S. Office of Education: Title VI of the Elementary and Secondary Education Act and Title VI-B of the Education for the Handicapped Act.

PROGRAM METHOD: Beginning as soon as possible after birth, handicapped infants and their families receive weekly home visits up to the age of 18 months. Home visitors are teachers and/or physical therapists. Visits focus on supportive help and training for the parents in developmental stimulation for the children. From 18 months to 3 years of age, when the children enter other educational programs, children and parents participate in a center-based program. Evening group meetings are held for parents in both home and center programs.

EVALUATION DESIGN:

SAMPLE: 90 handicapped infants and their families have participated in the program over a 3-year period. Twelve children and their families were selected as an out-of-town comparison group; 12 children were selected as a local comparison group. All three groups evidenced the same types of handicaps: vision, hearing, speech, motor and mental impairments.

OUTCOME MEASURES: For children: Denver Developmental Screening Test. For parents: Attitude scales and staff perceptions of parent attitudes and parenting skills.

PREDICTOR MEASURES: Treatment group.

LENGTH OF STUDY: Findings were over a three-year period. Children participated for varying amounts of time.

FINDINGS:

For children:

Experimental children consistently made greater gains on the Denver Developmental Screening Test than did the control group. Experimental children made significant gains on all four areas of the DDST; control children gained on no more than two areas of the DDST.

For parents:

Experimental parents made significant attitude changes in the direction of feeling more secure as parents. They, their spouses, and the staff also felt their functioning as parents improved.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children and parents.

FAMILY CHARACTERISTICS: No.

PROCESS OF HOME VISIT: Described briefly.

TRAINING OF HOME VISITORS: No.

STAFF ORGANIZATION: No.

PROGRAM COSTS: No.

STRENGTHS: An interesting approach to the use of home visiting as part of an intervention program for handicapped children, providing emotional and educational support for parents.

SHORTCOMINGS: Because this report was mainly concerned with describing the program, the research results were abbreviated and could not be adequately evaluated.

Johnson, D. L., Leler, H., Brandt, L. J., & Kahn, A. J. A parent involvement program for low-income Mexican-American families. Symposium presented at American Psychological Association annual meeting, New Orleans, September, 1974.

PROGRAM AGENCY OR SPONSOR: University of Houston, Houston, Texas.

FUNDED BY: Office of Economic Opportunity and Office of Child Development (DHEW).

PROGRAM METHOD: Weekly home visits by an In-Home Educator during target child's second year of life. Home sessions focus on mother as teacher. Concomitant series of four family workshops during that year. Second program year involves In-Center program including classroom involvement for mothers on learning issues and adult sessions with mothers on family management. Strong bilingual component in the language activities is emphasized.

EVALUATION DESIGN:

SAMPLE: 100 families in each cohort recruited locally. Random assignment of families to experimental (education and services), services only, and no-services control groups.

OUTCOME MEASURES: Maternal Interaction Structured Situation, Caldwell's HOME, Bayley Scales, Stanford-Binet, Concept Familiarity Index Receptive.

PREDICTOR MEASURES: Treatment group, cohort, language index, status variables.

LENGTH OF STUDY: Essentially a two-year program with successive cohorts and longitudinal follow-up.

FINDINGS:

For mothers:

1. Experimental mothers showed significant increase over control mothers on ability to grant autonomy, and non-significant increases on warmth.
2. Experimental mothers demonstrated greater knowledge of developmental levels of children.
3. On a number of dimensions of mother behavior there were no significant differences between experimental and control mothers.

For children:

1. Short-term results for several of the later cohorts are presented. After one year of the program, experimentals were significantly more developmentally advanced on the Bayley. In one cohort, experimentals had a significantly higher post-test mean Stanford-Binet I.Q. after two years of the program.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for both children and mothers.

FAMILY CHARACTERISTICS: Described, data presented and analyzed on predictor relationships.

PROCESS OF HOME VISIT: Described.

TRAINING OF HOME VISITORS: No.

STAFF ORGANIZATION: No.

PROGRAM COSTS: No.

STRENGTHS: Successive data collection from pre-test on. Strong focus on maternal outcomes. Focus on family management beyond original mother teaching purposes. Examination of status variables as predictors for success. Examination of interrelationships of maternal variables and child variables for longitudinal groups.

SHORTCOMINGS: None.

Karnes, M. B., Sutdley, W. M., Wright, W. R., & Hodgins, A. S. An approach for working with mothers of disadvantaged preschool children. Merrill-Palmer Quarterly, 1968, 14, 174-183.

PROGRAM AGENCY OR SPONSOR: Institute for Research on Exceptional Children, College of Education, University of Illinois.

FUNDED BY: U. S. Office of Education.

PROGRAM METHOD: Eleven weekly two-hour training sessions for mothers on making and using educational materials in the home, instruction in readiness and discussions of mothers' activities of preceding week. Conducted by three experienced preschool teachers who also visited each home at two-week intervals.

EVALUATION DESIGN:

SAMPLE: 13 mother-child pairs: at beginning children ranged in age from 3-3 to 4-3. Randomly assigned control group of 13 children matched on I.Q. and sex. All families were black.

OUTCOME MEASURES: Stanford-Binet, ITPA.

PREDICTOR MEASURES: Group.

LENGTH OF STUDY: 12 weeks.

FINDINGS:

1. Stanford-Binet: t test of difference between groups in gain scores showed experimental group gained significantly more than control (mean I.Q. gain of 7.46 vs. .07).
2. ITPA: Experimental group gained significantly more than control on three subtests (Visual Decoding, Auditory-Vocal Association and Auditory-Vocal Sequential); no difference between groups on other subtests.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for the child.

FAMILY CHARACTERISTICS: No.

PROCESS OF HOME VISIT: Yes, described briefly.

TRAINING OF HOME VISITORS: No.

STAFF ORGANIZATION: No.

PROGRAM COSTS: No.

STRENGTHS: Families randomly assigned to group.

SHORTCOMINGS: Small sample size; brief duration of the program.

Karnes, M. B., Teska, J. A., Hodgins, A. S., & Badger, E. D. Educational intervention at home by mothers of disadvantaged infants. Child Development, 1970, 41, 925-935.

PROGRAM AGENCY OR SPONSOR: University of Illinois, Department of Special Education.

FUNDED BY: Bureau of Research, USOE and the Office of Economic Opportunity.

PROGRAM METHOD: 2-hour weekly meetings to discuss child and mother-centered activities mothers could do with their infants at home, supplemented with monthly home visits by staff to reinforce teaching principles taught at meetings.

EVALUATION DESIGN:

SAMPLE: 15 mother-child pairs; mean infant age was 20 months at beginning of project. Control group of 15 children for whom data were already available. Comparison group of 6 older siblings.

OUTCOME MEASURES: Stanford-Binet, ITPA.

PREDICTOR MEASURES: Group.

LENGTH OF STUDY: 15 months.

FINDINGS:

1. Comparisons with matched controls: Binet I.Q. at end of program significantly above controls (difference = 16 points); ITPA Language Age significantly higher for treatment group.
2. Comparisons with sibling controls: 28-point advantage of treatment children over siblings was significant even with small N. The difference in ITPA score approached significance.

DOES STUDY ADDRESS:

OUTCOME: Yes, for children.

FAMILY CHARACTERISTICS: Yes, for matching control children and for describing sample.

PROCESS OF HOME VISIT: Yes, described in some detail.

TRAINING OF HOME VISITORS: Yes, described briefly.

STAFF ORGANIZATION: No.

PROGRAM COSTS: No.

STRENGTHS: Interesting combination of weekly instruction and less frequent home visits.

SHORTCOMINGS: Comparability of control group is open to question.

Karnes, M. B., Zerbach, R. R., & Testa, J. A. A new professional role in early childhood education. Interchange, 1971, 2(2), 89-105.

PROGRAM AGENCY OR SPONSOR: University of Illinois

FUNDED BY: U. S. Office of Education, Bureau of Research

PROGRAM METHOD: Report summarizes two relevant projects:

1. Sibling-Training Project. Using teen-agers in in-class and home teaching projects with 3- and 4-year-old siblings.
2. Mother Training Project. Working with 3- and 4-year-olds. Weekly training sessions.

EVALUATION DESIGN:

SAMPLE: Separate samples of 12, 15, 11, and 30 disadvantaged black 3- and 4-year-old children. Passing mention of control group for mother study only.

OUTCOME MEASURES: ITPA, Stanford-Binet I.Q.

PREDICTOR MEASURES: Treatment.

LENGTH OF STUDY: Four short-term projects, varying from 6 weeks through 12 weeks.

FINDINGS:

1. Significant gains for young children on Stanford-Binet I.Q. in two out of three projects with teen-agers.
2. Gains claimed for experimental children in mother-training group on ITPA and Stanford-Binet I.Q., although no significance reported.

DOES STUDY ADDRESS:

OUTCOMES: Yes, but primarily for children not for mothers or sibling tutors.

FAMILY CHARACTERISTICS: Minimally described.

PROCESS OF HOME VISIT: No.

TRAINING OF HOME VISITORS: Described in detail.

STAFF ORGANIZATION: Yes, special focus on this report.

PROGRAM COSTS: Not in detail. Some.

STRENGTHS: Addresses issue of paraprofessionals and in-family tutors (older siblings and mothers).

SHORTCOMINGS: Research design is unclear, possibly since this article is merely a summary. No specific information on control groups or assignment to groups.

Klaus, R. A., & Gray, S. W. The early training projects for disadvantaged children: A report after five years. *Monographs for Research in Child Development*, 1968, *33*(4).

PROGRAM AGENCY OR SPONSOR: George Peabody College for Teachers, Nashville, Tennessee.

FUNDED BY: National Institute of Mental Health, and National Institute of Child Health and Human Development.

PROGRAM METHOD: Children attended a center-based, 10-week preschool program during the summers, one group for 3 summers and a second group for 2 summers. A home visiting program took place during the summer programs and through the rest of the year, involving mothers and children, with an educational emphasis. Visits were for one hour weekly. Control group children received neither preschool nor home visits.

EVALUATION DESIGN:

SAMPLE: 88 low-income black children born in 1958. From an initial sample of 61 children, three groups were constituted by random assignment: 1) three summers of preschool and home visiting; 2) two summers of preschool and home visiting; and 3) local control. A distal control group was selected from a city 60 miles away.

OUTCOME MEASURES: All children were tested twice a year for three years prior to elementary school and once a year in first and second grades. Binet and WISC intelligence scales, PPVT, ITPA, Metropolitan and Gates Reading Readiness Tests, Metropolitan Achievement Test, Stanford Achievement Tests and several non-standardized instruments were used for children. Mothers were interviewed. Younger siblings were given the Binet; older siblings were given achievement tests.

PREDICTOR MEASURES: Treatment group, sex of child, family characteristics.

LENGTH OF STUDY: Five years: Two to three years of intervention and two years of follow-up testing.

FINDINGS:

For children: Binet and WISC - after both groups had begun treatment, the treatment groups were consistently superior to the control groups at every testing period. ITPA - treatment groups were superior to controls during last year of preschool and first year of elementary school, but all groups were equal in second year of school. PPVT - overall, no differences between groups. Reading Readiness Test - during first grade, the treatment groups were generally superior to the control groups. Achievement tests - for 10 of 21 comparisons, the distal control group was significantly lower than the other three groups. On nonstandardized measures selected to reflect program goals, the treatment groups were superior to control groups on Reflectivity - Impulsivity; but there were no differences on Self-Concept, Reputation among peers, Social Deprivation, Delay of Gratification, Achievement Motivation and Social Schemata. This lack of differences was attributed largely to the inadequacy of the measures. In general, no sex differences were found.

For mothers: Mothers of experimental children more frequently reported sharing activities with their children in an academic manner: reading and school-like activities.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children and mothers.

FAMILY CHARACTERISTICS: Contained in sample description and addressed in relation to a measure of Social Schemata.

PROCESS OF HOME VISIT: Described.

TRAINING OF HOME VISITORS: No.

STAFF ORGANIZATION: No.

PROGRAM COSTS: No.

STRENGTHS: Attempted to use some outcome measures beyond intelligence and achievement tests, that would reflect program goals. Utilized a "distal" control group in addition to a local control group to study effects of diffusion.

SHORTCOMINGS: Effects of the program on participating mothers were of an impressional nature only.

Lally, J. R. *The family development research program: A program for prenatal, infant and early childhood enrichment* (Progress report). Syracuse University, 1973.

PROGRAM AGENCY OR SPONSOR: Syracuse University Children's Center.

FUNDED BY: Office of Child Development, HEW.

PROGRAM METHOD: Beginning 3 to 6 months before birth, paraprofessionals make weekly home visits for as long as child is in the program. At 6 months, infant begins a half-day, center-based program. From 15 to 48 months child attends the "Family Style Program," a full-day, multi-age group experience. A parent organization meets once a month and many parents participate in center activities.

EVALUATION DESIGN: Longitudinal; post-test only.

SAMPLE: (for this report) Program group (N=42), low education, matched controls (N=31), high education contrast (N=17).

OUTCOME MEASURES: *Children*: Stanford-Binet, ITPA, Schaefer Classroom Behavior Inventroy, Beller Autonomous Achievement Striving Scales, Schaefer Behavior Checklist, Coopersmith Behavioral Rating Form (adapted), Emmerich's Observer Ratings of Children, infant food intake. *Mothers*: Prenatal maternal diet, parent assessment of children interview, perceptions of program.

PREDICTOR MEASURES: Group.

PROCESS MEASURE: *Teachers*: Assessing to behavior of Caregiven Scales.

LENGTH OF STUDY: Families had been in program 3½ years; this is first testpoint in a longitudinal study.

FINDINGS:

Children:

1. Stanford-Binet at 36 months: program children significantly above controls, but high education contrast group significantly above program group;
2. ITPA: high education somewhat above program group who were somewhat above controls, but few significant differences;
3. Emmerich's Observer Ratings of Children: program children (N=13) rated more positively than controls (N=15) on 12 items;
4. Parent assessment of children: program parents saw their children in a more positive light than did controls. The other measures were obtained for the program group only, but provide interesting data on the social behavior, achievement striving, self-concepts and diets of program children and on the quality of the caregiving.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children and mothers.

FAMILY CHARACTERISTICS: No.

PROCESS OF HOME VISIT: No.

TRAINING OF HOME VISITORS: No.

STAFF ORGANIZATION: No.

PROGRAM COSTS: No.

STRENGTHS: Use of sensitive and relaxed testing procedures (note that the low-income controls had a mean I.Q. of 98.4 at 36 months). Detailed discussion of the Center's health and nutrition program. Included a process measure.

SHORTCOMINGS: No pretest or other child and family data that could be used as covariates. Several measures not obtained on control or contrast groups.

Lambie, D. Z., Bond, J. T., & Weikart, D. P. *Home teaching with mothers and infants*. Ypsilanti, Michigan: High/Scope Educational Research Foundation, 1974.

PROGRAM AGENCY OR SPONSOR: High/Scope Educational Research Foundation.

FUNDED BY: Carnegie Corporation, Public Health Service, HEW, and the Spencer Foundation.

PROGRAM METHOD: Weekly visits of 60-90 minutes with mother and infant by professional home visitors for 16 months. Formally organized set of infant activities to support mother's objectives, based on Piagetian sensory-motor concepts. Supervisor met 10 hours a week with home visitors and made periodic visits, discussed planning for individual families and reviewed videotaped home visits. Heavy reliance upon mothers as teachers of their infants.

EVALUATION DESIGN: Longitudinal.

SAMPLE: Project began with 88 infants who were 3, 7 or 11 months of age at entry and their mothers. At end of treatment N = 65. The N's for the experimental, contrast and control groups were 31, 30 and 27, respectively. Subjects assigned to group at random, with minor exceptions.

OUTCOME MEASURES: *For infants*: Bayley Mental Scale, Binet Language Scale, Bayley Motor Scale, Bayley Infant Behavior Record. *For mothers*: Verbal Interaction Record, Mother Observation Checklist, Ypsilanti Picture Sorting Inventory (YPSI).

PREDICTOR MEASURES: Treatment group and Age-at-entry (cohort).

LENGTH OF STUDY: 16-month home visit program; testing every four months and follow-up testing 12 months after end of program.

FINDINGS:

The child:

1. At end of program experimental group significantly higher than contrast group on Bayley Mental Scale (adjusted for entering score).
2. Twelve months later experimental group was above other two on Stanford-Binet, but not significantly (adjusted for entering Bayley Mental score).
3. Significant group effect found on Bayley Mental in repeated-measures analysis over all testpoints, with experimental group significantly above both the control and contrast groups.
4. No cohort effects.
5. Experimental group shows significantly more sophisticated language production and comprehension and more effective communication at end of project than contrast group, but not different from control group.

6. Entering Bayley Mental was strong predictor of final language score except for experimental group--experimental infants scored high regardless of entering ability.

7. No group differences on Bayley Motor at any testpoint.

8. Group differences on Bayley Infant Behavior Record were found on only two items.

The mother:

1. Total verbal interaction score (e.g., more expansions and questions, fewer negative imperatives) significantly higher at end of program for experimental group than the other two groups.

2. Mother's behavior during Bayley tests was most positive in the experimental group.

3. YPSI showed no group differences in mothers' perceptions of and expectations for their infants.

DOES STUDY ADDRESS:

OUTCOMES: Yes, both for infant and mother.

FAMILY CHARACTERISTICS: Sample is described carefully, but outcomes not measured against family characteristics.

PROCESS OF HOME VISIT: Described in great detail.

TRAINING OF HOME VISITORS: Briefly described.

STAFF ORGANIZATION: Yes, supervisory responsibilities described.

PROGRAM COSTS: No.

STRENGTHS: Program effectiveness measures not limited to single cognitive measure; repeated testing over course of program; 12-month follow-up measurement; careful description of analytic procedures.

SHORTCOMINGS: None noted.

Levenstein, P. But does it work in homes away from home? Theory into Practice, 1972, 11(3), 157-162.

PROGRAM AGENCY OR SPONSOR: Verbal Interaction Project, Family Service Association of Nassau County.

FUNDED BY: Children's Bureau, Office of Child Development (DHEW).

PROGRAM METHOD: Toy Demonstrator Project. (See description in previous report).

EVALUATION DESIGN: Replication study of earlier project.

SAMPLE: 37 mothers and children from four locations, low SES families.

OUTCOME MEASURES: Cattell, Stanford-Binet, PPVT.

PREDICTOR MEASURES: Treatment.

LENGTH OF STUDY: One year.

FINDINGS:

1. Significant pre-post gains on all outcome measures for replication group.
2. Findings are comparable to the previously reported model program.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children only.

FAMILY CHARACTERISTICS: Described.

PROCESS OF HOME VISIT: Described in previous report.

TRAINING OF HOME VISITORS: Described briefly.

STAFF ORGANIZATION: Minimally described.

PROGRAM COSTS: No.

STRENGTHS: Replication studies are rare. Addresses issues of community acceptance, interdisciplinary educational teams, use of outside laboratory.

SHORTCOMINGS: No comparison group. No examination of family variables or program location variables in relationship to gains.

Levenstein, P. Verbal Interaction Project: Aiding cognitive growth in disadvantaged preschoolers through the mother-child home program (Final report to Children's Bureau, Office of Child Development, Department of HEW). Mineola, N.Y.: Verbal Interaction Project, 1971.

PROGRAM AGENCY OR SPONSOR: Verbal Interaction Project, Family Service Association of Nassau County, Inc., Mineola, New York.

FUNDED BY: Children's Bureau, Office of Child Development, HEW.

PROGRAM METHOD: Social workers and paraprofessionals served as home visitors or "toy demonstrators" who gave mothers a set of verbal interaction stimulation materials (VISM) and demonstrated ways of increasing verbal interaction with their children. Visits were for one-half hour, twice weekly, and lasted for two years.

EVALUATION DESIGN:

SAMPLE: 90 mother-child pairs participated in the experimental program. Comparison group 1 received home visits only, comparison group 2 received no treatment and comparison group 3 received VISM only. Most were residents of low-income housing projects.

OUTCOME MEASURES: For children: Cattell Infant Intelligence Scale, Binet, PPVT, WISC, Wide Range Achievement Test, Boehm Test of Basic Concepts, teacher ratings. For mothers: interview data, home visit reports.

PREDICTOR MEASURES: Treatment group.

LENGTH OF STUDY: Two years of intervention, beginning at age two or three years and two years of followup.

FINDINGS:

Experimental children who were visited by professionals manifested gains significantly greater than the control groups: 17 points on the Binet and 12 points on the PPVT. There was no difference between the gains of children who entered at 2 or 3 years of age. The mother's I.Q. scores did not show significant gains, but there was some indication of positive attitude changes for mothers. Experimental children visited by nonprofessionals also showed gains significantly greater than controls. Comparison group 3, which received the VISM materials only also made significant gains. One and two year followups of the infants after termination of intervention showed that gains remained significant in spite of modest declines.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children and mothers.

FAMILY CHARACTERISTICS: Described.

PROCESS OF HOME VISIT: Described.

TRAINING OF HOME VISITORS: Described.

STAFF ORGANIZATION: Described.

PROGRAM COSTS: No.

STRENGTHS: Presents longitudinal followup data. Addresses issue of when intervention should begin for maximum benefit.

SHORTCOMINGS: Comparison groups were similar but not entirely comparable to the experimental group.

McCarthy, J. L. Changing parent attitudes and improving language and intellectual abilities of culturally disadvantaged four-year-old children through parent involvement. Bloomington, Indiana: Indiana University, School of Education, June 1968. (ERIC Document Reproduction Service No. ED 027 942)

PROGRAM AGENCY OR SPONSOR: Indiana University, along with Head Start centers in Terre Haute, Indiana.

FUNDED BY: (not stated).

PROGRAM METHOD: One group of children attended regular Head Start classes with no parent involvement (control group). A second group of children attended Head Start and their parents attended parent meetings. A third group attended Head Start and the children and parents received weekly home visits conducted by the author, focusing on cognitive activities. Materials for activities were left in the home.

EVALUATION DESIGN:

SAMPLE: A total of 41 four-year-olds were assigned to the three groups: 10 in the control group, 17 in the parent meeting group, and 14 in the home visit group. The groups were matched on PPVT, ITPA, sex, parent education, ethnic background, and number of siblings.

OUTCOME MEASURES: PPVT, ITPA, parent attitude questionnaire.

PREDICTOR MEASURES: Treatment groups.

LENGTH OF STUDY: Eight months, from October 1966 through May 1967.

FINDINGS:

For children:

The home visit group was significantly higher than the control group on ITPA post-test scores. There were no group differences on the PPVT.

For parents:

The home visit group showed a significantly more positive attitude change, especially in the area of self-confidence, than did the control group.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children and parents.

FAMILY CHARACTERISITICS: Described.

PROCESS OF HOME VISIT: Described briefly.

TRAINING OF HOME VISITORS: No.

STAFF ORGANIZATION: No.

PROGRAM COSTS: No.

STRENGTHS: Complete statement of hypotheses, review of the literature, description of procedures used.

SHORTCOMINGS: Findings were based on analyses of variance of post-test scores although hypotheses were stated in terms of gains.

Micotti, A. R. Dame School Project--bilingual preschool project (Final report). San Jose, California: Santa Clara County Office of Education, August 1, 1970. (ERIC Document Reproduction Service No. ED 046 514).

PROGRAM AGENCY OR SPONSOR: Santa Clara County Office of Education, San Jose, California.

FUNDED BY: (possibly Title VII).

PROGRAM METHOD: Eleven community women were trained (370 hours) to work as home teachers, developing concept information and bilingual language skills, teaching mothers to work with their own children. Home teaching was for two hours daily, based on DARCEE program. Teachers were selected from volunteers; one half of them were high school graduates.

EVALUATION DESIGN:

SAMPLE: No control group; design was pretest-posttest. Treatment group consisted of 40 mother-child pairs. Children were 3.3 to 4 years of age. Mothers' primary language was Spanish. Families came from two target areas, both of which were low income (53% and 48% AFDC).

OUTCOME MEASURES: A Test of Basic Language Competence (English and Spanish), Inventory of Developmental Tasks (Spanish), Maternal Teaching Style Instrument (Spanish), teacher evaluations.

PREDICTOR MEASURES: Treatment group.

LENGTH OF STUDY: Intervention included 4 months of Spanish instruction and 4 more months of bilingual instruction. Plans are to follow up with a kindergarten program for 20 of the children.

FINDINGS:

For children:

Increased in color identification, physical abilities, part-whole relationships, and object identification.

For mothers:

Made "considerable" changes in behavior on teaching and housekeeping and "some" changes in Mother Teaching Style.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children and mothers; but not in comparison to a control group.

FAMILY CHARACTERISTICS: Described.

PROCESS OF HOME VISIT: Described with general overview of specific areas of instruction.

TRAINING OF HOME VISITORS: Described, in terms of time, regularity, of preservice and inservice training.

STAFF ORGANIZATION: Yes, described.

PROGRAM COSTS: Reported as $2000 per child.

STRENGTHS: Program shows high parent involvement. Specific areas in curriculum and specific methods are described.

SHORTCOMINGS: Apparently no control group. Data and statistics are not detailed so it was not possible to adequately evaluate the results.

Sandler, H. M., Dokecki, P. R., Stewart, L. T., Britton, V., & Horton, D. M. The evaluation of a home-based educational intervention for preschoolers and their mothers. Journal of Community Psychology, 1973, 1, 372-375.

PROGRAM AGENCY OR SPONSOR: DARCEE, George Peabody College, Nashville, Tennessee.

FUNDED BY: USOE through the National Program on Early Childhood Education of CEMREL, and by the Appalachian Regional Commission.

PROGRAM METHOD: Weekly home visits for 12 weeks consisting of behavior modeling, demonstration of materials, etc., by the paraprofessional home visitor; supervised by a professional home visitor.

EVALUATION DESIGN:

SAMPLE: 15 mother-child pairs from both a black and a white urban, low-income housing project in Nashville. Assigned to experimental and comparison groups randomly, stratifying on I.Q. and race. Children averaged 43 months of age at beginning.

OUTCOME MEASURES: Standford-Binet, DARCEE Concept Test used pre and post. Maternal Teaching Syle Instrument (MTSI) at end of program.

PREDICTOR MEASURES: Pretest scores.

LENGTH OF STUDY: 12 weeks.

FINDINGS:

1. No significant difference between groups at post-test, covarying on Binet pretest score.
2. DARCEE Concept Test: Treatment group gained significantly more on Recognition subtest and was slightly superior on other measures except Matching.
3. MTSI: t tests showed treatment mothers gave more Color and Shape Cue labels, fewer Inappropriate Directions.
4. Correlations of race, sex and summary MTSI variables: Mothers of females and mothers of black children were more negative in their MTSI responses.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children and parents.

FAMILY CHARACTERISTICS: Only in terms of race and sex of child.

PROCESS OF HOME VISIT: Very briefly.

TRAINING OF HOME VISITORS: No.

STAFF ORGANIZATION: No.

PROGRAM COSTS: No.

STRENGTHS: Examined both child and family outcomes; randomly assigned control group.

SHORTCOMINGS: Limited duration of intervention; same sample size.

Schaefer, E. S., & Aaronson, M *Infant education research project: Implementation and implications of a home tutoring program*. Washington, D.C.: National Institute of Mental Health, 1970. (ERIC Document Reproduction Service No. ED 054 865)

PROGRAM AGENCY OR SPONSOR: National Institute of Mental Health (DHEW).

FUNDED BY: National Institute of Mental Health, Center for Studies of Child and Family Mental Health.

PROGRAM METHOD: College graduates, hired as tutors, visited the homes of each experimental infant for one hour a day, five days a week for 22 months, working primarily with child and incidentally with mother or other family members. Pretesting and repeated measures evaluation conducted at periodic intervals.

EVALUATION DESIGN:

SAMPLE: 64 black male infants (15 months old) were assigned to two groups--31 in experimental group, 33 in control group. No details were presented on assignment, but group comparability on readiness was assessed.

OUTCOME MEASURES: Stanford-Binet I.Q., Johns Hopkins Perceptual Test, PPVT, Maternal Behavior Research Instrument, Maternal Behavior with Tutor and Child Inventory, Schaeffer Behavioral Inventory.

PREDICTOR MEASURES: Treatment and Bayley Infant Scales pretest scores.

LENGTH OF STUDY: Approximately two years, through age 36 months.

FINDINGS:

1. Significant gains in Binet I.Q. scores for experimental group as compared to relatively stable control group I.Q. over duration of the study.
2. Significant differences between experimental and control claimed for other tests.
3. Year-after-termination-post-test showed drop in experimental group I.Q. (no comparison reported).
4. Maternal behavior results are not easily interpretable.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children and parents.

FAMILY CHARACTERISTICS: Described.

PROCESS OF HOME VISIT: Illustrated with anecdotes. Described in detail for specific tests.

TRAINING OF HOME VISITORS: Described extensively.

STAFF ORGANIZATION: Described.

PROGRAM COSTS: No.

STRENGTHS: Extensive description of development of program, materials, training, and process.

SHORTCOMINGS: Data were imbedded in the results discussion and were difficult to interpret. Few comparisons of experimental and control groups were presented. The lengthy descriptions of the program development suggest that it would be extremely expensive to implement, but no indication of costs or implications were presented.

Schaeffer, E. S. A home tutoring program. Children, 1969, 16, 59-61.

PROGRAM AGENCY OR SPONSOR: National Institute of Mental Health.

FUNDED BY: National Institute of Mental Health.

PROGRAM METHOD: College graduates, serving as "tutors," visited each home for one hour, five days a week, beginning when the child was 15 months and continuing to 36 months of age. Program was designed to develop positive family relationships and to provide verbal stimulation and increasingly complex experiences for the child. Mothers were encouraged but not required to participate.

EVALUATION DESIGN:

SAMPLE: All were black male children from low income homes in which the mothers had less than 12 years of schooling and/or an unskilled or semiskilled occupation. There were 31 in the experimental and 33 in the control group, from two neighborhoods which had a record of comparible readiness scores at school entrance.

OUTCOME MEASURES: Bayley Infant Mental Test, Binet, Johns Hopkins Perceptual Test, PPVT, ratings of child behavior.

PREDICTOR MEASURES: Methods of child care--ratings by observers; treatment group.

LENGTH OF STUDY: Children were tested at 14, 21, 27, and 36 months of age. Participation in the program was for 21 months.

FINDINGS:

For group comparisons:

Both groups of children were above normal on I.Q. tests at 14 months of age, and were below normal at 21 months. But the experimental group I.Q. scores increased at 27 and 36 months while the control group remained low. Significant differences were found at 36 months in favor of the experimental group on the Johns Hopkins Perceptual Test, the PPVT, and ratings of task-oriented behavior.

For child care methods as related to child outcomes:

Significant correlations were found between methods of child care (defined as: child neglect and maternal hostile uninvolvement) and children's behavior and mental test scores.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children only.

FAMILY CHARACTERISTICS: Yes, an analysis of the relationship of child care methods to child behavior and I.Q. scores was performed.

PROCESS OF HOME VISIT: No.

TRAINING OF HOME VISITORS: Described very briefly.

STAFF ORGANIZATION: No.

PROGRAM COSTS: No.

STRENGTHS: Addresses aspects of child-rearing as well as treatment group comparisons.

SHORTCOMINGS: No statistics or levels of significance were reported; so it is not possible to evaluate the findings adequately.

Shearer, M. S., & Shearer, D. The Portage Project: A model for early childhood education, Exceptional Children, 1972, 39(3), 210-217.

PROGRAM AGENCY OR SPONSOR: Portage Project: Cooperative Educational Service Agency #12, Wisconsin.

FUNDED BY: Education of the Handicapped Act P.L. 81-230, Title VI, ESEA, Part C.

PROGRAM METHOD: Precision teaching, demonstrating to parents in-home by professional and paraprofessional teachers and instructing parents in teaching children, recording children's behaviors; positive reinforcement, observing behavior. All children handicapped. Detailed curriculum guide and developmental behavioral checklist developed and used in program.

EVALUATION DESIGN:

SAMPLE: 75 handicapped children, ages 0 to 6 years in Wisconsin, three "controls." Children attending local classroom programs for culturally and economically disadvantaged preschoolers: both groups randomly selected.

OUTCOME MEASURES: Weekly and daily data on children's behavior--individualized for children; Stanford-Binet, Cattell Infant Test, Alpern-Boll Developmental Skills Age Inventory, Gesell Developmental Schedule.

PREDICTOR MEASURES: Intervention.

LENGTH OF STUDY: 9-1/2 months; 1-1/2 hours weekly (one visit per week).

FINDINGS:

Experimental vs. normal children (control): Normal children expected to gain eight months in eight months on Cattell and Stanford-Binet; handicapped expected to gain six months in eight months according to authors. Results: Handicapped gained thirteen months in eight months or 60% more than counterpart with normal intelligence.

Using children as own control: Mean gain in I.Q. on Alpern-Boll Developmental Skills Age Inventory: 13.5 ($p < .01$); mean gain in I.Q. on Stanford-Binet: 18.3 ($p < .01$.).

Experimental vs. matching of controls questionable: Greater gains by experimental group reported in Peniston (see reference).

Parents: Overall daily rate of recording was 92% for all 75 families--from 70% first month, indicating increased time spent in and ability to observe and record children's behavior.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children--obliquely for parents.

FAMILY CHARACTERISTICS: Not much.

PROCESS OF HOME VISIT: Fairly detailed.

TRAINING OF HOME VISITORS: Some detail.

STAFF ORGANIZATION: Some.

PROGRAM COSTS: No.

STRENGTHS: Used multiple analysis of covariance to control for I.Q., practice effect, age; study of home intervention in rural area with handicapped.

SHORTCOMINGS: Use of only three normal children as control group is questionable.

Schortinghuis, N. E., & Frohman, A. Comparison of paraprofessional success with preschool children. Journal of Learning Disabilities, 1974, 7(4), 245-247.

PROGRAM AGENCY OR SPONSOR: The Portage Project.

FUNDED BY: (See Shearer and Shearer).

PROGRAM METHOD: (See Shearer and Shearer) Criteria: Four paraprofessionals with three years of college or three years experience with children; sample: all had three years experience with children and all had high school degrees; none had more than one year of college. Three professionals: training and background not described.

EVALUATION DESIGN:

SAMPLE: Children: 37 children, entered Portage Project 1971-72. Two groups: 21 children served by four paraprofessionals, 16 children served by professionals.

OUTCOME MEASURES: Alpern-Boll Developmental Profile subtest: 1) Communication and 2) Academic.

PREDICTOR MEASURES: Level of training for staff; paraprofessional versus professional.

LENGTH OF STUDY: Eight months.

FINDINGS:

Communication skills: analysis of variance--no significant difference.

Academic skills: significant difference favoring paraprofessionals.

DOES STUDY ADDRESS:

OUTCOMES: For children.

FAMILY CHARACTERISTICS: Not described.

PROCESS OF HOME VISIT: Not described.

TRAINING OF HOME VISITORS: Minimally described.

STAFF ORGANIZATION: Minimally described.

PROGRAM COSTS: No.

STRENGTHS: Comparison of professionals and paraprofessionals in home-based intervention.

SHORTCOMINGS: Not clear in what ways the two groups of children were matched.

Scott, R. Home Start: Family-centered preschool enrichment for black and white children. Psychology in the Schools, 1973, 10(2), 140-146.

PROGRAM AGENCY OR SPONSOR: University of Northern Iowa.

FUNDED BY: Title I; Title III, U. S. Office of Education (DHEW).

PROGRAM METHOD: Horizontal Home Start (HHS) providing classroom-centered educational enrichment to four-year-olds and Vertical Home Start (VHS) providing readiness program to children ages 2-5 years. VHS used weekly hourly home visits working with parents (mother), providing materials and guidance in child development issues. VHS children also received the classroom experiences (HHS) based on Piagetian concepts.

EVALUATION DESIGN:

SAMPLE: 40 subjects each year (20 black, 20 white) in HHS (four-year-olds). 89 children selected for VHS (51 black, 38 white). Older siblings of experimental children used as controls.

OUTCOME MEASURES: Primary Mental Abilities (total and subtests).

PREDICTOR MEASURES: Treatment groups, ethnicity.

LENGTH OF STUDY: 3 years for VHS. One year for HHS.

FINDINGS:

1. Significant interactions between ethnic groups and type of program.
2. Some significant differences reported between experimental groups and controls (siblings) on subtest areas of PMA.
3. Generally, HHS program appeared to be more effective for blacks, VHS program more effective for whites.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children.

FAMILY CHARACTERISTICS: Described.

PROCESS OF HOME VISIT: Described briefly.

TRAINING OF HOME VISITORS: Described briefly.

STAFF ORGANIZATION: No.

PROGRAM COSTS: No.

STRENGTHS: Addresses issues of ethnicity, durability of gains, appropriateness of particular programs for particular groups.

SHORTCOMINGS: Only posttest results are presented. Suggested differences in populations served by the two programs (within ethnic groups) needs further clarification in order to adequately interpret results.

Stabenua, J. C., Sklarew, M., & Shakow, S. Infant education: A community project. Young Children, September, 1969, 24(60), 358-363.

PROGRAM AGENCY OR SPONSOR: Home Study Program Inc.

FUNDED BY: Home Study Program Inc., Montgomery, County, Maryland.

PROGRAM METHOD: Black children under age two were tutored at home by white female volunteers, one hour each day, four days a week. Two tutors alternated for each time in two-week intervals. Thirteen infants began program at one year of age, three infants at two years. Program emphasized language development, focusing on tutor and child, with mother encouraged to participate.

EVALUATION DESIGN:

SAMPLE: Sixteen black children under two years in three communities. Control groups included nineteen untutored children and seven untutored siblings.

OUTCOME MEASURES: Stanford-Binet administered to group (control) #1 at three years of age. Stanford-Binet administered to group #2 before tutoring in home took place. Parent, teacher, tutor reports.

PREDICTOR MEASURES: Treatment.

LENGTH OF STUDY: Unclear. Began January 1966.

FINDINGS:

1. In comparison to control group number one, no significant differences but a "definite trend toward higher in I.Q. in the tutored children."
2. In comparison to control group two (siblings), tutored children's group mean I.Q. greater than sibling's mean I.Q. (no significance reported).

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children only.

FAMILY CHARACTERISTICS: Minimally described.

PROCESS OF HOME VISIT: Described.

TRAINING OF HOME VISITORS: Not described.

STAFF ORGANIZATION: Some description.

PROGRAM COSTS: No.

STRENGTHS: Amount of time spent tutoring (four hours per week) extensive compared with other programs. Unusual model employed.

SHORTCOMINGS: Age at entry varied, no pre-tests for the majority of subjects. Comparability of control group is questionable. Evaluation measures may not have been appropriate.

Scott, R. Home Start: Follow-up assessment of a family centered preschool enrichment program. Psychology in the Schools, 1974, 11(2), 147-149.

PROGRAM AGENCY OR SPONSOR: University of Northern Iowa.

FUNDED BY: Title I, U.S. Office of Education (DHEW).

PROGRAM METHOD: Described in previous report. This study follows only those children involved in one Vertical Home Start group (home visits).

EVALUATION DESIGN:

SAMPLE: 44 children (30 black, 14 white) from the previously studied VHS group constituted the experimental group. Their siblings tested in first grade, were used as controls.

OUTCOME MEASURES: Primary Mental Abilities (total and subtests).

PREDICTOR MEASURES: Treatment, ethnicity.

LENGTH OF STUDY: Testing conducted 19 months after termination of the program.

FINDINGS:

1. General decline in verbal meaning PMA scores for black children in experimental group.
2. Single significant differences, experimental blacks over sibling in perceptual speed.
3. Positive significant shifts in number facility and spatial relations for black VHS subjects.
4. No real change in PMA profiles for whites.

DOES STUDY ADDRESS:

OUTCOMES: For children.

FAMILY CHARACTERISTICS: No.

PROCESS OF HOME VISIT: No.

TRAINING OF HOME VISITORS: No.

STAFF ORGANIZATION: No.

PROGRAM COSTS: No.

STRENGTHS: Addresses maintenance of gains issue, related to ethnicity.

SHORTCOMINGS: Implies that gains for black VHS subjects may be attributable to program but does not address this issue. Inappropriate use of siblings as controls without controlling for age and family size.

Tannenbaum, J. A. Home stimulation versus developmental scores for children attending the Children's Center. Unpublished paper, Syracuse University Children's Center, 1969.

PROGRAM AGENCY OR SPONSOR: Syracuse University Children's Center.

FUNDED BY: Children's Bureau, DHEW.

PROGRAM METHOD: Center-based program for balanced population of lower and middle class children (see Lally, 1973, for description of the program). This report does not refer to a home-based component, even though that is included in later reports of the Children's Center.

EVALUATION DESIGN:

SAMPLE: 26 lower class and 20 middle class children (aged 7 months through 5 years) program for two years (fall, 1966 to spring, 1968).

OUTCOME MEASURES: Cattell for the younger children; Stanford-Binet for the older children

PREDICTOR MEASURES: Inventory of Home Stimulation (STIM); social class.

LENGTH OF STUDY: Two years.

FINDINGS:

1. All children gained in developmental score (Cattell or Binet) but middle class children gained more than lower class children.
2. Middle class families received higher STIM scores than lower class families.
3. High-STIM scorers gained more on developmental scores, regardless of social class.
4. High-STIM, lower class children gained more than low-STIM middle class children.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children.

FAMILY CHARACTERISTICS: Yes, social class and home environment variables.

PROCESS OF HOME VISIT: No.

TRAINING OF HOME VISITORS: No.

STAFF ORGANIZATION: No.

PROGRAM COSTS: No.

STRENGTHS: Attempt to separate effects of social class and home environment.

SHORTCOMINGS: No control group; no statistical tests reported.

Thomas, D. M., Chinsky, J. M., & Aronson, C. F. A preschool educational program with Puerto Rican children: Implications as a community intervention. Journal of Community Psychology, 1973, 1(1), 18-22.

PROGRAM AGENCY OR SPONSOR: University of Connecticut.

FUNDED BY: Connecticut Department of Mental Health, Division of Community Services and University of Connecticut Research Foundation.

PROGRAM METHOD: Spanish-speaking college students getting course credit and some (minimal) pay served as tutors; tutor child in home using affective-intellective Piaget-oriented curriculum; language and cognitive development as well as affective development stressed; parent encouraged to participate. Child-focused.

EVALUATION DESIGN:

SAMPLE:

Experimental Group: 36 Puerto Rican children between ages 21 and 47 months. Mean age=33 months.

Control Group: 21 Puerto Rican children matched with experimental on age, sex, socio-economic status, demographic variables; mean age=30 months.

OUTCOME MEASURES: Stanford-Binet, Bayley Scales of Infant Development, Mental Record Form; Bayley Behavior Record Form-pre tests and post-tests. Post only: Spanish version of PPVT, Merrill Palmer Scales: color labelling, color recognition.

PREDICTOR MEASURES: Treatment-intervention.

LENGTH OF STUDY: Experimental group tutored in homes one hour daily approximately five days weekly for seven months.

FINDINGS:

On Bayley and Binet I.Q. separately experimental group showed nonsignificant trend to greater improvement than control. On united Bayley and Binet I.Q. (total I.Q.): experimental group marginally significant ($p < .10$), greater improvement than control. No differences on behavioral measure. On PPVT: experimental group significantly higher than control ($p < .01$); experimental group averaged 26.9 words correctly identified while control group averaged 17.9 words. On Merrill Palmer Scales: experimental group significantly better than control on 2 of 3 scales; on color labelling experimental > control ($p < .05$) and color recognition experimental > control ($p < .01$). Third scale scores unreported.

DOES STUDY ADDRESS:

OUTCOMES: None for parents or tutors or siblings. Yes for children.

FAMILY CHARACTERISTICS: Described.

PROCESS OF HOME VISIT: Minimal.

TRAINING OF HOME VISITORS: Described.

STAFF ORGANIZATION: No.

PROGRAM COSTS: No.

STRENGTHS: All tutoring and teaching done in Spanish; viewed as community (not just individual or family) intervention.

SHORTCOMINGS: Question as to whether control group was matched with experimental on I.Q. and Bayley; brevity of intervention (only seven months); tests not reflective of or sensitive to intervention.

Weikart, D. P., Deloria, D. J., Lawser, S. A., & Weigerink, R. Longitudinal results of the Ypsilanti Perry Preschool Project. Ypsilanti, Michigan: High/Scope Educational Research Foundation, 1970.

PROGRAM AGENCY OR SPONSOR: Ypsilanti Board of Education, Washtenaw County Board of Education, and High/Scope Educational Research Foundation.

FUNDED BY: U. S. Office of Education.

PROGRAM METHOD: Daily cognitively oriented preschool program and home visits conducted weekly to involve mothers in the educative process. The preschool curriculum was derived mainly from Piagetian theory and focused on cognitive objectives, geared toward the individual child's level of development. During home visits mother was encouraged to participate in actual instruction of her child and child management techniques emphasized alternative ways of handling children. Group meetings served to reinforce individual parent's views. Two-year program (except for the first wave, which was one year).

EVALUATION DESIGN:

SAMPLE: A total of 58 experimental and 65 control children participated in the program in five cohorts or "waves." The N for each group in each wave varied from 8 to 15. Mean age at entry was 3 1/2. Assignment of children to group was "essentially random," but matched on Cultural Deprivation rating and I.Q.

OUTCOME MEASURES: Stanford-Binet (L-M), Leither, PPVT, ITPA administered fall of entering year and every spring thereafter; California Achievement Tests, Gates Reading Tests (not reported) administered after children entered school; Pupil Behavior Inventory and Ypsilanti Rating Scale collected kindergarten through third grade.

PREDICTOR MEASURES: Treatment group, Cognitive Home Environment Scale (CHES), Inventory of Attitudes of Family Life and Children, Perry Demographic Questionnaire, birth complications, sex.

LENGTH OF STUDY: Project began in 1962-67 and data are reported through 1966-67; in that year wave 4 completed the second year of preschool and wave 0 completed third grade.

FINDINGS:

Experimental group significantly above controls on Stanford-Binet at the end of the first and second years of preschool and at the end of kindergarten and first grade; no difference at end of second or third grade. Experimental group significantly above controls on Leiter at end of first and second years of preschool, but also above at entry. Experimental group significantly higher on PPVT at end of both preschool years and at end of kindergarten and first grade, but also higher at entry; no differences at end of second or third grade. On ITPA total language experimental group was significantly above controls at end of second year of preschool; no difference at other testpoints. On ITPA Auditory-Vocal Association, experimental significantly above controls at second year of preschool and at kindergarten through second grade; but initial difference also significant. CAT means significantly favored experimental group at end of first and third grade. On Pupil Behavior Inventory, after kindergarten experimental group was above control at every testpoint on every factor, although most of these differences were not significant. Ypsilanti Rating Scale ratings were generally higher for experimental group as follows: Academic Potential at end of second grade, Social Development at first and second grade, Verbal Skill at second grade and Emotional Development at second grade.

DOES STUDY ADDRESS:

OUTCOMES: Yes, for children.

FAMILY CHARACTERISTICS: Extensive demographic data, description of home environment, mothers' attitudes on family life and children, cognitive home environment variables, birth history of child.

PROCESS OF HOME VISIT: Yes, summarized.

TRAINING OF HOME VISITORS: No, but supervision addressed.

STAFF ORGANIZATION: No.

PROGRAM COSTS: No.

STRENGTHS: Detailed description of sample; appendices include all unpublished instruments with scoring instructions.

SHORTCOMINGS: Analyses of variance did not adjust for pretest differences between groups; longitudinal design not complete at time of this report--the third grade timepoint included only one cohort.

Wright, C., Lally, J. R., & Dibble, M. Prenatal-postnatal intervention: A description and discussion of preliminary findings of a home visit program supplying cognitive, nutritional and health information to disadvantaged homes. Paper presented at the annual meeting of the American Psychological Association, Miami, 1970.

PROGRAM AGENCY OR SPONSOR: Syracuse University, Syracuse, N.Y.

FUNDED BY: CWRD, HEW.

PROGRAM METHOD: Ten paraprofessional home visitors each visited 20 families to provide information on nutrition, health during pregnancy and on emotional, cognitive, medical and maternal needs of the child after birth. Materials include those developed by Gordon & Lally (1967) and by the John Tracy Clinic (1968). At six months child is enrolled in nursery school for half-day.

EVALUATION DESIGN:

SAMPLE: Low income mothers and infants; prenatal or six months old at beginning of project.

OUTCOME MEASURES: Weekly Home Visit Report (N=65), Nutritional questionnaire (N=73) infants,

PREDICTOR MEASURES: Program group only.

LENGTH OF STUDY: From 3 months prior to delivery to 18 months of age for each family.

FINDINGS:

Home Visit Report: Frequency responses to questions such as "What was the mother's reaction to various exercises?", "Were children's books or educational toys present in the home?"

Casework Interviews: Responses show the need for a broadly defined service role because of the diversity of problems faced by the mothers.

Nutrition Questionnaire: Nutritional needs of mothers and infants are not being met.

DOES STUDY ADDRESS:

OUTCOMES: Not in the usual sense of program effects.

FAMILY CHARACTERISTICS: Only to briefly describe the participants.

PROCESS OF HOME VISIT: Very briefly.

TRAINING OF HOME VISITORS: No.

STAFF ORGANIZATION: No.

PROGRAM COSTS: No.

STRENGTHS: Practical suggestions for program operation and record-keeping.

SHORTCOMINGS: Since this is a preliminary report, program effects are not addressed.